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Patient Homer Winckler inserts a needle into his arm in preparation for his dialysis treatment. The Jewish Hospital hemodialysis unit encourages patient involvement in setting up their kidney machines. (See page 2.)

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Every other week the entire dialysis team meets to discuss the center and home patients. The team is concerned with how kidney disease affects the patient's whole self—physically, financially, emotionally, and in relationships with others.



Hemodialysis Unit: Helping Patients Take Their Treatment Home

By Denise Pattiz Bogard

This past spring the **Greater St. Louis Health Systems Agency (HSA)** cited Jewish Hospital as having a model hemodialysis unit. The conclusion was based on two criteria: Jewish Hospital's high utilization rate of kidney machines and the large percentage of patients who are dialyzed at home.

The HSA report recommended that each hemodialysis unit achieve a minimum of 60 hours per week of dialysis per machine; Jewish Hospital's kidney machines operate 93 hours a week. The HSA also recommended that at least 23 percent of the area's hemodialysis population dialyze at home. Jewish Hospital has a 48 percent home dialysis rate, compared to an areawide average of only 17 percent.

Understandably, the hemodialysis team is proud of its recognition. In both the machine utilization and home dialysis criteria the unit leads the area's eight dialysis facilities. But the real source of achievement for the Jewish Hospital unit comes from within and cannot be measured by reports or rankings.

Team Develops 'Model' Unit

"Our whole team works together with the common end to provide support service to the patients and to get them as independent as possible," says **David Malone, M.D.**, medical director of the hemodialysis unit. "There's a lot of mutual respect for the role of each team member. That's our real strength."

Along with the medical director, the other team members include a head nurse, 10 primary care nurses, a renal social worker, renal clerk, renal dietitian, psychologist and hemodialysis technician. Together, the team offers medical, financial, psychological, dietary and technical care, friendship and concern.

This involvement is reflected in the longevity of employment of the nursing

staff. According to **Kathy Johnson**, head nurse, the average length of service in a hemodialysis unit for a staff nurse is one year. The Jewish Hospital dialysis nurses have all been on staff a minimum of four years, and the majority of nurses have been part of the team since the unit opened in 1972.

In addition, eight out of the 11 dialysis nurses have, by their own volition, become certified—a process that involves taking a course in renal diseases and passing a four and one-half hour exam. Only two other dialysis nurses in the St. Louis area are certified.

"I think a lot of our unit's success is our nursing staff," says Ms. Johnson. "We all really care—this is more of a commitment than a job to most of us."

Sobering Facts About Kidney Failure

This team commitment is a necessary one considering the sobering facts about

renal failure. Kidney disease is the fourth major cause of death in the United States, killing more persons each year than automobile accidents do. The major function of the kidney is to filter waste products from the blood. When the kidneys are damaged to the extent that this filtration ability is totally impaired, toxic waste products build up in the body. Many cases of kidney failure are temporary and can be treated by acute dialysis until function is restored. The more serious cases result in an irreversible, permanent condition called End Stage Renal Disease, from which death results without medical intervention of dialysis or kidney transplantation.

Hemodialysis treatment—which presently is administered to approximately 50,000 Americans—involves the removal of waste products from the blood by means of a special machine that acts as an artificial kidney. "Center patients" are those persons who come into the hospital three



Among her other numerous duties as head nurse in the hemodialysis unit, **Kathy Johnson R.N.**, (center) helps arrange for patients to dialyze at other hospitals when they travel out of town.

"You can see the change the first day you go home with them. The couple is so much more relaxed than in the hospital. They're in control of the situation (with home dialysis) instead of the situation being in control of them."

Cathy Dunn is dialyzing at home with a state-paid aide. She is one of two Jewish Hospital dialysis patients whose partner is paid by the Missouri Kidney Foundation.



Harold Hedrick, exhausted from the 100-mile drive from his hometown to the hospital, rests momentarily while his wife prepares his dialysis charts for the team.

Berta Hedrick explains: "He no more than recuperates from one trip than it's time to take another."



days a week for the rest of their lives to receive their five-hour dialysis treatment. "Home patients" have gone through a hospital training program with a partner and have learned how to monitor their own kidney machine to dialyze at home.

Jewish Hospital's hemodialysis unit is one of the smallest in the area. Seven stations operate at near capacity at all times, compared to 24 machines in other facilities. The team currently has 26 center patients and 24 patients dialyzing at home.

"Dr. Malone and I wanted to keep our unit small to keep the personal nature," Ms. Johnson says. "Large units tend to be like a production line—get them in, get them out."

Unfortunately, the unit, while purposely small in number of stations, presently is too cramped in physical space.

Dr. Malone says the hospital is in the process of "trying to correct the problem."

In its current location, the unit does not have enough storage or office space, a patient changing room, patient lounge, or adequate space for training home patients—which, after all, is the team's greatest emphasis.

Reasons for Home Dialysis

The team believes so strongly in home dialysis because it has been proven patients live longer if they dialyze at home, where they can lead more normal lives and dialyze at their own convenience.

Dr. Malone explains: "With kidney failure, we're talking about long-term treatment of a chronic disease. There is a negative psychological impact of coming into a hospital three days a week. Home dialysis fosters more independence and restores one's self-image."

Other experts in the field argue that home dialysis is too difficult for many persons to master. The Jewish Hospital team

disagrees and will train "anybody who has the interest to learn," Ms. Johnson says. The team's home patients range in age from 16 to 74; the socio-economic range is just as broad, encompassing all levels of education and financial status.

In an effort to offer home dialysis to even more people, the team approached the Missouri Kidney Foundation about providing funds to hire aides for those patients who do not have dialyzing partners. Jewish Hospital is the only unit in the state to offer such a program. Presently, two of the hospital's patients are dialyzing at home with state-paid aides; and one other person is training with an aide to soon become a home patient.

Cathy Dunn, age 27, has been dialyzing at home with a paid aide for more than a year. Ms. Dunn's parents had served as her dialysis "nurses" since her kidney function dropped below five percent six years ago. Last year—in an effort to lessen the

Hemodialysis Unit

The Hedricks' primary care nurse, Annie Thompson, instructs Mrs. Hedrick on inserting the needle into her husband's artery. Ms. Thompson has worked with the Hedricks throughout their home training program.

Berta Hedrick monitors her husband's machine, performing all the duties a nurse would. The couple will soon become a home team.



responsibilities on her family—Ms. Dunn approached the hospital about finding her a new aide. Gail Daugherty, a medical technician at St. Louis University and the younger sister of dialysis nurse, Elaine Daugherty, accepted the offer. The two women trained in the hospital for two months, and have since been dialyzing at Ms. Dunn's home three nights a week.

"Renal Failure is Always With You"

"I would only have become a center patient if there were no other alternatives, and then I would not be happy about it," explains Ms. Dunn. "I'm much more comfortable dialyzing at home where I can relax or talk on the phone or just have time to myself."

Having found a dependable and caring aide, and having mastered all the techniques of home dialysis, Ms. Dunn says her only problem now is finding the time to dialyze. The energetic young woman is

working full time, going to school at night to earn a double degree in economics and business, and is maintaining an apartment alone. She says the thing she most resents about the kidney machine is "the amount of time it takes up. Sometimes I get tired of running so much. But then when I think about what I would cut out, it would be dialysis."

But Ms. Dunn cannot "cut out" dialysis, and she accepts that fact with little or no resentment or self-delusion. After two

"A lot of people treat dialysis like a toothache. They don't consider that renal failure is a lifetime condition—even a kidney transplant can fail after a couple years. But they're not toothaches, the condition is constantly with you."

unsuccessful kidney transplants, she is reconciled to having to depend on the dialysis machine to keep her alive until her doctor determines she is ready to try another transplant operation.

"A lot of people treat dialysis like a toothache. They don't consider that renal failure is a lifetime condition—even a kidney transplant can fail after a couple years. But they're not toothaches; the condition is constantly with you."

Three days—or nights—a week Ms. Dunn must insert a needle with attached tubing into a blood vessel in her arm. Her blood is pumped through this tube into the kidney machine, which performs the filtering process in a dialysis "bath." The purified blood is then returned to her body through the same needle.

This procedure of preparing the bath, sticking oneself with needles and monitoring the machine may initially seem

Sharon Gelzhiser initially resented having to play an active role in setting up her machine. "I thought, 'that's what the nurses are being paid to do, why should I?' Now I think it's a good policy to be involved with my own machine."



intimidating and painstakingly inflexible. However, after a couple months of close work with a primary care nurse, most persons are ready to become home dialysis patients.

Home Training Program

At Jewish Hospital, when a couple decides to begin home training, they are assigned a primary care nurse who acts as their personal instructor. Throughout the training course, the couple must learn to completely set up and monitor their own machine; be prepared to handle any unexpected emergencies such as a power failure or blood leak, and learn to understand renal disease and the function of the kidney machine.

Before patients begin dialysis at home, hemodialysis technician **Paul Yanics** visits their homes to ensure that everything is suitable for dialysis. He recommends conspicuous placement of the machine, based on the team's philosophy that the patient should "dialyze out in the open and not hide himself away." Yanics also orders the initial supplies for the patient—as he does for everyone in the center—and he informs the patient he is available for emergency maintenance of the machine.

But it is not the completion of the course or the suitability of the home that tells the nurse when a couple is ready to strike out on their own. It is more "an instinct—it's the look on their faces and how they handle things that tells us if they're ready to go home," explains **Annie Thompson, LPN**, who has been working with the unit since it opened.

After the couple goes home, their primary care nurse visits them to check that they are adapting the training to their home environment and schedule. According to Ms. Thompson, "You can see the



change the first day you go home with them. They're so much more relaxed (than in the hospital). They're in control of the situation instead of the situation being in control of them."

Harold and Berta Hedrick are in the final stages of training to become a home dialysis team. Mrs. Hedrick says although she had no nursing experience before the training program, she now feels confident about doing everything a nurse would do to help her husband during dialysis.

For the Hedricks, home dialysis was the only logical choice. The couple lives in Bismarck, Mo., a 100-mile drive from Jewish Hospital. As Mrs. Hedrick says, "We'll be relieved to go home. We feel like we've been well trained, and I don't think they would let us go home if we weren't ready. I can't see that the danger of home dialysis is any greater than driving here all this way three days a week."

Primary care nurse Sue Dombek helps Ms. Gelzhiser begin the dialysis treatment. Ms. Gelzhiser said one thing that keeps her going is a statement told to her ex-husband: "Sharon should view dialysis as a part-time job three days a week."

"We've Accepted the Machine Through Necessity"

The Hedricks, married 34 years, were aware of Harold Hedrick's failing renal condition for six years before his kidney function actually dropped below five percent.

"We knew it was inevitable. We didn't talk about it; but it was always at the back of our minds," Mrs. Hedrick says. "We would just pray every day that it wouldn't be that day."

"You meet people who have accepted the machine like we have, but only through necessity. You're never totally prepared."



Winckler relaxes in a corner of the unit, listening to the radio as he dialyzes. He soon will begin training with a paid aide.

Along with renal failure, Hedrick also has heart trouble, a condition which, most likely, will prevent him from receiving a transplant. The Hedricks have accepted that dialysis must be "a way of life" and feel that at least by training to become home patients they will have more freedom to lead a relatively normal lifestyle.

For other renal patients, kidney transplantation is an option—but it too carries with it the risks of infection, rejection, internal bleeding, kidney failure or even death. End Stage Renal Disease patients under the age of 55 have an 85 percent chance of success if their kidney is transplanted from a living relative. With a cadaver transplant, the success rate drops to about 45-50 percent; and persons over



Before dialysis can be performed, a surgeon must unite the artery and vein, thus increasing blood flow to the affected limb. The additional flow through the fistula causes the blood vessels to dilate and makes needle puncture much easier.



Homer Winckler contemplates the bulging arteriovenous fistula located in his wrist area. Winckler is able to insert his own needle to begin treatments (see cover photo).

age 55 are strongly discouraged from considering a transplant.

Complications From Renal Failure

Dialysis patients have a 10 percent mortality rate, and are subject to other complications incurred from kidney failure, such as anemia, metabolic bone disease, lipid abnormalities, hypertension and heart trouble.

Knowing that End Stage Renal Disease can cause so many other afflictions—many of which might be fatal—is a concern that causes Sharon Gelzhiser to go through periodic bouts of depression.

"I have come to accept hemodialysis because I have to. Some days, though, I

don't accept it. I have a terminal disease that is going to kill me, and sometimes I think it's not worth it. But, I have 10 nieces and nephews that I adore, and I don't know...you just do it. Like anything else, you just have to accept it."

Ms. Gelzhiser says she did not always "accept" her disease and dialysis treatment. Three years ago, when at age 33 her kidneys quit functioning, she was also sick with "blood pressure so high they wouldn't tell me what it was," and confronted by a divorce. "I was so fatigued and physically ill and hurting, I fought learning to do hemodialysis." But Ms. Gelzhiser couldn't fight it for long as a patient of Jewish Hospital. The unit's policy is to encourage even the center patients to be as involved in their own machine as possible—unless they are physically too ill.

Ms. Gelzhiser now admits the policy is a constructive one. "Dialysis is a part of your life and the more involved you are with it

David Malone, M.D., meets with home patients in the weekly renal clinic. Dr. Malone discusses the fistula procedure with Henry Singleton, a home patient who lives in the inner city and drives a cab during the days he is not dialyzing.



the more you care about getting on with it and living."

From Denial to Acceptance

Ms. Gelzhiser's progression from denial to resigned acceptance is common among dialysis patients, according to **Debbie Lane**, MSW, renal social worker. Ms. Lane's role as the team's social worker is to help allay patients' anxieties, both psychological and financial.

The tremendous costs involved in hemodialysis can be overwhelming: a kidney machine is approximately \$7,000; the annual cost of dialysis is between \$25,000-\$35,000 for center patients, and between \$12,000-\$15,000 a year for home patients. Ms. Lane meets with each patient and assures him that Medicare will pay from 80 to 100 percent of dialysis expenses. Renal Billing Clerk Betty Hediger works with Ms. Lane to determine how much and what coverage each patient receives.

But a person's financial fears are minimal compared to the depression experienced by many dialysis patients. According to Ms. Lane, "As patients get close to starting dialysis, many of them get very depressed and their problems intensify. The primary trouble is they become inactive and this causes them to be down, especially if they quit their jobs. I work with these patients and try to get them to do whatever they enjoyed before they got sick. I try to get them involved."

Ms. Lane also works with patients training to go home. "It's a stressful time when they're learning so much that's new and



Dietician Peggy Mitchell reviews the dietary restrictions with center patient Luella Neal (left) during the renal clinic.

they're in physical pain. Many partners are learning to stick their spouses with needles, which also is very stressful. So I meet with them routinely during home training and let them voice complaints. Most times people just need to get things off their chests."

Dietary Restrictions

Another source of strain on dialysis patients is the rigid diet to which they must adhere. **Peggy Mitchell**, R.D., the renal dietician, says the dialysis diet is one of the most restrictive in the hospital, adding: "I have to admit, the diet is difficult to follow. You have to be conscious of every-

thing you put in your mouth. You can't just eat something without thinking about it. But it is very important for patients not to cheat. We must repeat over and over how important it is to keep to the diet."

Ms. Mitchell does diet counseling and explains the dietary restrictions to the patients, based on the physicians' orders and the patients' diet histories and patterns of eating.

The special diet must be restricted in fluids, salts, potassium and phosphate. This diet is necessary because in renal failure the kidneys cannot expel waste products properly, and they build up in the body in toxic amounts until the patient can dialyze again.

One of the things that's so nice about our unit is we are interested in patients' whole selves—not just the kidney disease, but how this disease affects their whole lives."

Social Worker Debbie Lane (left) and Renal Billing Clerk Betty Hediger discuss Medicare coverage for a patient. Ms. Hediger works in the hospital business office and handles all the billing for dialysis patients.




Because of the anxieties created by renal failure and dialysis treatment, **Barry Hong**, Ph.D., the team's psychologist, is available to work with patients troubled by depression or altered mental states. Dr. Hong said he talks with the patients and tries to steer them away from "inappropriate or self-critical thinking" and tries to get them to feel more positive about their situations.

Dr. Hong also meets with families of some patients, particularly when marital problems arise as a result of dialysis pressures. "When a renal patient becomes sick a number of roles change. Perhaps he or she can't be a provider anymore. The whole family must realign themselves

around the patient; they must all reschedule their lives. So the disease causes a lot of conflict for the whole family. I try to help them adjust their relationships.

"One of the things that's so nice about our unit is we are interested in patients' whole selves—not just the kidney disease, but how this disease affects their entire lives. And we try to bring it back to as normal as possible."

Each Jewish Hospital hemodialysis team member serves an essential role in making their unit St. Louis' "model." Together they combine their talents and sensitivities to offer support and care to all their patients—center, training and home—to help make their lives whole again. 

Hemodialysis technician Paul Yanics maintains all the dialysis machines in the center and is available to fix home patients' machines during an emergency.



Centuries-Old Service Revived at Jewish Hospital

In the Middle Ages, when a weary traveler wished to find solace and shelter he sought the refuge of a hospice. Today's "hospice" has changed in character, but not in spirit. The basic premise is still the same—to offer comfort and care to those who need it most, in this case the dying, not the wayfarer.

Hospice—which comes from the same root as hospital and hospitality—is designed to provide care for a person dying of a fatal disease who wishes to live at home. Hospice care is multi-disciplinary, encompassing many areas to meet the special needs of someone about to die.

Jewish Hospital Hospice Care

The Jewish Hospital of St. Louis recently expanded the hospice component of its home care program to include more comprehensive services. The program is staffed by home care team members and is open to any patient whose physician is on staff at Jewish Hospital and has recommended that patient receive hospice home care. This person must be home-bound and unable to perform regular activities as a result of his or her illness.

The idea of providing hospice care is centuries old; but the actual practice of it in the United States is relatively new, with the first formal hospice established in New Haven, Conn., around six years ago. Here in St. Louis, Jewish Hospital will be one of only three area hospitals offering the special service.

Shirley Cohen (Mrs. Stanley M.), member of the hospital board of directors, has played an active role in stimulating interest in hospice care at Jewish Hospital. Mrs. Cohen conducted several meetings to discuss hospice, and along with board member **Barbara Schukar** (Mrs. Harry T.), is, in many ways, responsible for the implementation of the program here.

Many people would rather spend their final days at home than in a hospital, says **Marti Figlioli**, R.N. and administrative coordinator of home care. Ms. Figlioli also believes most families would prefer to have their loved ones at home if they knew how to best handle inevitable emergencies and adjustments. Hospice care is intended to meet these needs so the patient should only have to return to the hospital for symptom control or if his physical conditions or pain make hospitalization necessary.

A Dying Person's Needs


When interrelating with a dying person, it is important to remember he may be suffering from many facets of pain—physical pain from his illness; emotional pain at the

impending loss of all of his relationships at one time; social pain from feeling isolated from family and friends and from the financial burden his illness is incurring, and the spiritual pain from not knowing what comes next. Because all of these pains must be addressed, hospice care involves an entire team of nurses, physicians, social workers, pastoral care and, most importantly, the volunteer, who actually plays a most crucial role.

"The medical professionals can't provide comprehensive hospice care without the volunteers," Ms. Figlioli emphasizes. "In fact, the volunteer often is the person with whom the dying person finds the closest relationship."

Volunteers for the Jewish Hospital hospice program are needed in any one of the following capacities: to visit with the patient and offer a compassionate ear; to run errands for the family or to help around the house; to do the shopping, cooking or banking for the family; to relieve the family member so he or she can leave the patient for a few hours; to contact local clergymen to build up a resource for pastoral care; to take the patient to social outings, and to follow up with the family during the period of bereavement.

There will be a training session to offer guidelines to the hospice volunteer. But, the most important contribution the volunteer can provide is compassion, Ms. Figlioli says. Persons who have lost a loved one themselves often make the best hospice volunteers. If you are interested in ANY area of hospice voluntarism, contact **Elaine Levinsohn**, director of volunteer services, 454-7130.

In conclusion, Ms. Figlioli says: "Remember, hospice is taking care of *living* people until they die. The purpose is to add life to years, not years to life. We're basically talking about assisting them to have the highest quality of living until they die." 

Home care aide, Christine Celestine, provides hospice care to home patient, Elmer Hasking, allowing Mrs. Hasking an opportunity to run errands knowing her husband is being taken care of.

Media Specialist Bob Morrison reviews a script with Pat Ugo, R.N., during a recent taping session for a new Channel 8 program. Morrison expects to do more internal productions in the future.



Channel 8: Jewish Hospital's Most Promising 2-Year-Old

By David Baygents

This instrument can teach, it can illuminate; yes, and it can even inspire. But it can do so only to the extent that humans are determined to use it to those ends. Otherwise it is merely lights and wires in a box.

Edward R. Murrow 1958

In 1978 The Jewish Hospital of St. Louis decided to use television for teaching, and unveiled **KARE-TV Channel 8**, a closed-circuit patient-education station featuring health-care programming ranging from open-heart surgery to newborn care. Nearing the end of its second year of broadcasting, Channel 8's performance has been remarkable, and like anything young and growing, the real promise lies in the future.

The history of Channel 8 is short and swift. After coordinating the hospital's three antennas into a master system for improved reception, the hospital found itself with a basic cable television distribution network, because patient sets are connected by cable to the master antenna. All that were missing were programs and a playback system.

Enter the Associates in Medicine (AIM). Each year AIM, the community relations arm of the hospital, donates its annual membership dues toward a special project. The 1978 dues went to Channel 8, as did most of 1979's. Two grants totalling \$22,500 provided videorecorders, players, production equipment and several hours' worth of programs. In December 1978 KARE-TV started broadcasting two hours a day, Monday, Wednesday and Friday. Channel 8 is now seen six hours each day, seven days a week.

Patients simply tune their sets to Channel 8. Via cable, a programmed tape player in the department of education provides 21 programs daily from 2 p.m. until 8 p.m. Programs can also be specially requested for morning viewing.

Reliance on Commercial Tapes

Most programs are commercially produced color tapes, about 20 minutes long. Few hospital studios can compete against outside production companies, which have the facilities and budgets to produce polished programs costing hospitals less to

buy than to produce. Commercial tapes also are well-suited for explaining the general surgical and medical procedures found at most hospitals. An example is "Post-Coronary Care."

Channel 8's modest production facilities are reserved for Jewish Hospital specialties. Production time and expense can best be used for tapes like "Surgery! What You Need to Know About It," which is custom-made for Jewish Hospital policies.

From the beginning, Channel 8 has had a close relationship with Jewish Hospital's 20-member Patient Education Committee, which oversees hospital patient-education efforts. Catalysts behind Channel 8, committee members realized that while the individualized, one-on-one teaching that has dominated patient education is personal and sometimes crucial, it is also time-consuming. The committee members agreed that a substantial amount of information could be relayed via television, and when Channel 8 began broadcasting, they formed a task force to oversee program selection and determine objectives.

Patients learn of Channel 8 in different ways. If admitting room wall posters fail to get their attention, program guides await them in their rooms and at nursing stations. If a program applies to their illness, the nursing staff is sure to recommend it because the program is mutually beneficial. Beyond providing needed information for patients, Channel 8 offers a convenient, time-saving means of education for many nurses.

An Effective Teacher

Student Nurse Lori Wolf often works with diabetics, their condition a topic of three Channel 8 programs. "Diabetics really need to understand their disease," she says. "If they don't know what's wrong, they won't know why they have to follow their diet—and the insulin. Channel 8 is a good way to teach them. It's already



Some patients may initially be turned off by the "educational television" label, but most are genuinely interested in their physical condition; the more they know, the better they usually feel.

there, and after the program's over, I can ask patients if they understood it. We can go in and make sure what they learned. It makes what we have to teach them less."

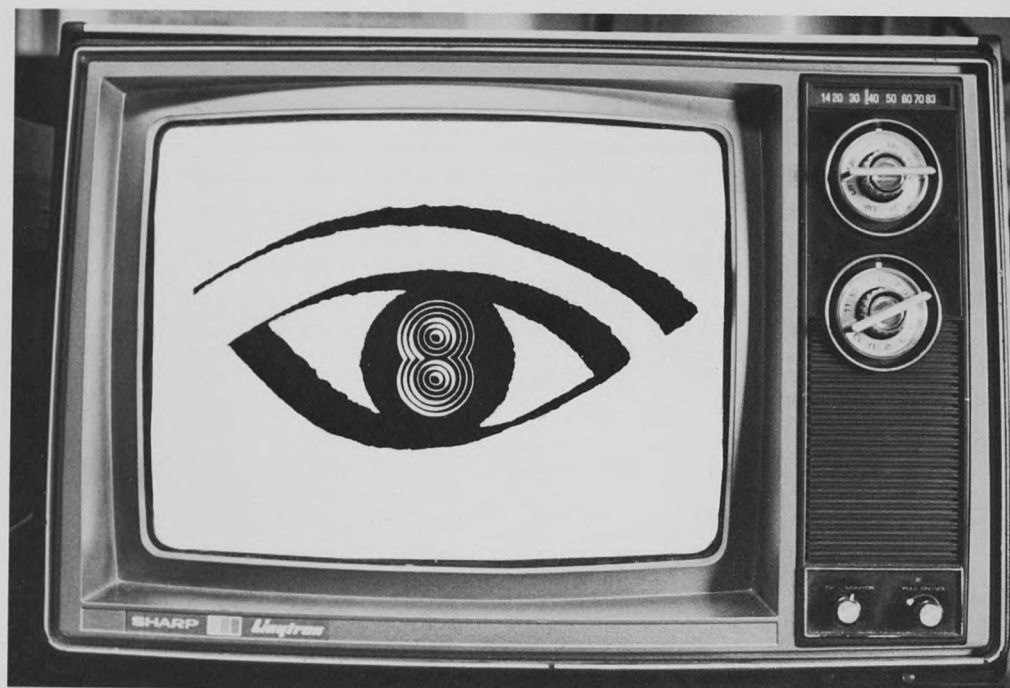
Besides cutting teaching time, taped programs also ensure teaching consistency; the same comprehensive information is given each time the tape plays. And Channel 8 is convenient for patients, too, enabling them to watch and learn material largely at their leisure.

Channel 8 also is effective when used with other teaching aids. Says Suzanne Whiteley, R.N., a respiratory therapist and prescriber of such Channel 8 programs as "Obstructive Lung Disease" and "I Am Joe's Lung": "The tapes reinforce what the booklet I wrote says, and there are also good examples—the tapes show real lungs."

A steadfast supporter of Channel 8 is obstetrics/gynecology. By combining programs like "Adapting to Parenthood," "The Parenting Experience" and "Baby Bath Demonstration" with personal instruction and pamphlets, the department has developed a complete patient-education program tailor-made to Jewish Hospital procedures.

Some hospital patients may initially be turned off by the "educational television" label, but most are genuinely interested in their physical condition; the more they know, the better they usually feel. And the television images they see are far from the stereotypical ones they might expect. There is no bespectacled, bow-tied, academic droning on Channel 8; patients learn solid, comprehensible information presented by contemporary actors and physicians, often in dramatizations.

The programs not only educate, they also alleviate fear and apprehension. Garry is rightfully anxious. It is Friday afternoon, and he faces coronary bypass surgery on



Monday morning. He has just heard about "Surgery For Your Heart" and awaits its appearance on Channel 8. "Oh yeah," he says. "I'd really like to see it. Anybody fears the unknown. I want to know what they're going to do to me. I believe anybody would feel better at least knowing a general outline."

Visitors an Important Audience

Ted suffered a massive heart attack Dec. 3. He recently underwent bypass surgery and has returned for tests. Ted saw the heart surgery program, but perhaps equally important is that his family saw it, too. Families and other visitors are important audiences for Channel 8. The more they know about their friend's or relative's condition, the better they can care for him when he returns home. Besides, many Channel 8 programs serve as preventative medicine; the healthy can benefit the most.

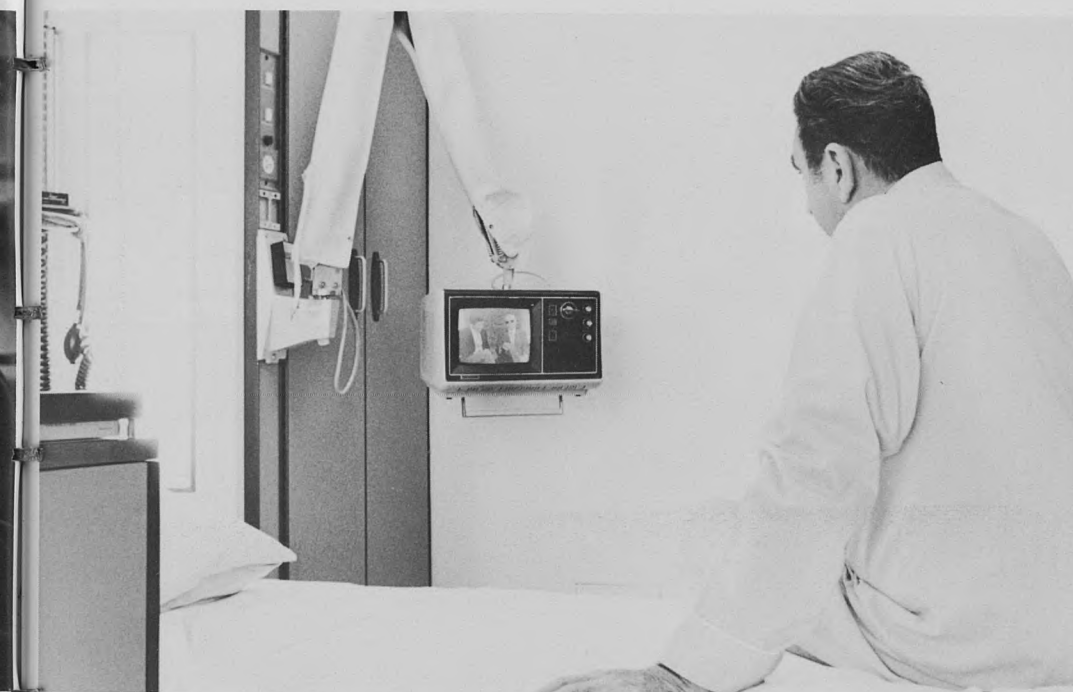
"Surgery For Your Heart" was profitable

to see," says Ted's wife. "It cleared up some things for us about the proper food, the proper diet. It helped prepare us for the surgery, and it helped explain what had happened, the possible causes and the extent of activity afterwards. It was clear and factual; we could relate to it."

"The actors were like normal people," says Teri, a new mother who saw "The Parenting Experience." "You went into some of their homes, and you could hear the mother and father discussing things. It wasn't like it was script or that they were told to mention certain things. It just came out very natural."

Like parents who find themselves helplessly losing control of their children to the family television set, some physicians may feel apprehensive about Channel 8, maintaining that patient education is their responsibility alone. But most realize the potential benefits of such a system. Programs are general, and each one is screened

Because most tests and consultations are scheduled for mornings, patients usually have time to watch Channel 8 in the afternoon and evening in the privacy of their rooms.



by a Jewish Hospital staff physician for content and accuracy before purchase; many fail the test. Screeners seek programs that give a broad overview of a topic or surgical procedure so physicians can individualize their care without a patient saying, "The film said this is how it's done. Why are you doing it differently?"

Effectiveness Studied

Few hard facts exist on the effectiveness of patient-education television, though some initial data are available. For example, a 1975 study of master antenna systems in five Indiana hospitals concluded that patients watch the systems and remember what they see.

The Jewish Hospital Department of Education recently conducted a survey of patients and nurses and found that during the week-long study period, 39 percent of patients with televisions watched at least two programs on Channel 8, an enviable figure considering the strong competition

from soap operas and other daytime television.

Because of such competition, and because too few visitors were exposed to Channel 8, the Patient Education Committee Task Force recently recommended a scheduling change. Channel 8 now begins broadcasting two hours later than previously, extending farther into visiting hours. A second survey will begin soon and may bring other adjustments.

While there is a lack of objective data on Channel 8's effectiveness, more subjective evaluations indicate success. "I know my outpatients are trained because I don't see them returning to the hospital so much," says Suzanne Whiteley. "I don't see my asthmatics once a month in the hospital any more; I might see them twice a year."


Retention, most likely, is higher with Channel 8 than with other media. "People learn better through seeing and hearing,"

says Pat Ugo, R.N., a diabetes specialist. "I think Channel 8 has really helped us in this way. Nurses can sit and talk with patients, but the more audiovisual material used, the greater chance a person will have in retaining the information."

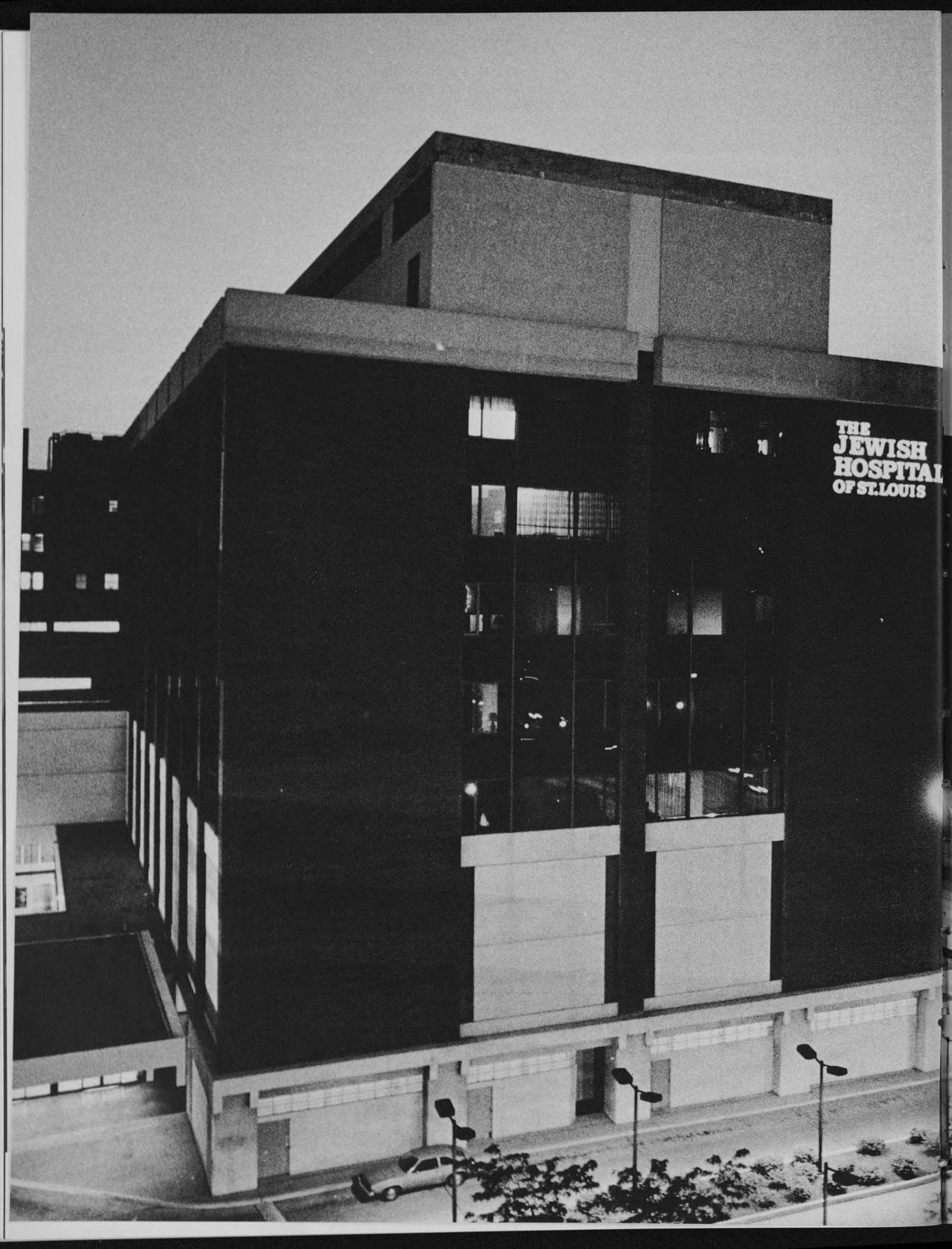
Less than two years old, Channel 8 is still in its infancy, really, but Department of Education Director Henry Langer and KARE-TV Specialist Bob Morrison are pleased with its early performance. "I think it's done extremely well," Langer says. "I think with the equipment we have and the money that went into it, we do one heck of a good job."

"We had initial equipment breakdowns, and the station is still not publicized to the ideal point where everybody's aware of it," Morrison says, "but everything has worked out very well."

Says Associates President Lester Seasongood: "We're delighted with it. This is something worthwhile to all patients."

The real blooming of Channel 8, though, is in the future. Morrison, like Murrow was, is attuned to the medium's possibilities. He speaks of live broadcasts, two-way patient call-in programs and staff training tapes, and has lined up several staff physicians for new in-house productions. Morrison even envisions a hospital-wide communications network. Langer is more reserved, although he too fails to hide his enthusiasm, showing a faint smile. "I think," he says, "there will be some experimentation." 

**THE
JEWISH
HOSPITAL
OF ST. LOUIS**

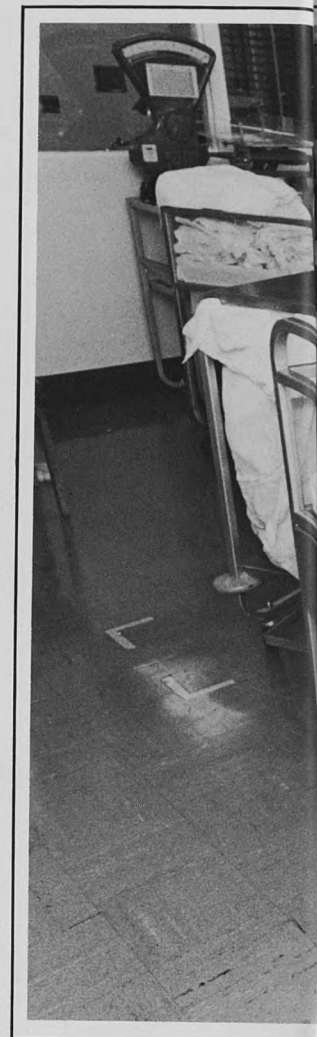


Nightside

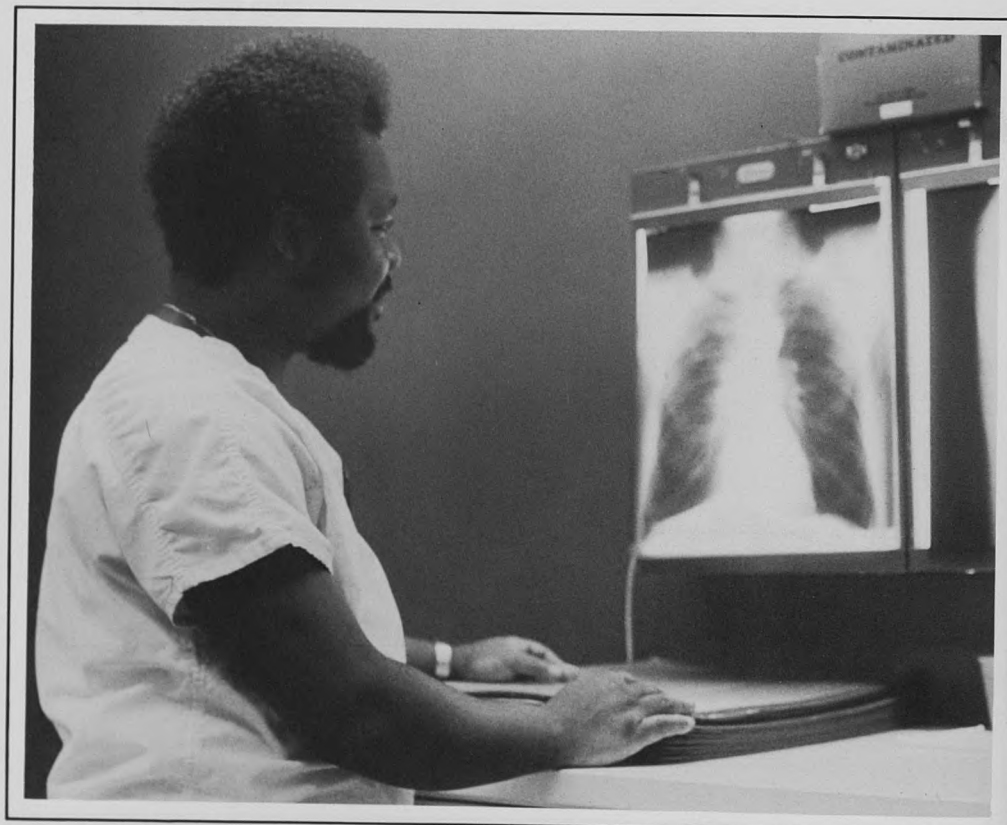
At The Jewish Hospital of St. Louis, when the sun begins its descent over Forest Park and human streams leave midtown for uptown and beyond, it is starting time for the evening crew. Later will come the night staff. As in closing businesses and shops throughout the city, shades are drawn. But no doors are locked; the grounds are not deserted. Instead of going out, the lights are turned up. Night is now day in this perpetual, 24-hour operation; quitting time is someone else's starting time. To the workers on the evening and night shifts, it's just the beginning of another day. This is the hospital at night.



Screaming infants, faltering heartbeats, emergency victims. When someone needs help, no matter what the time, the hospital must be ready.



Although night brings a slower pace, patients are still the hospital's primary responsibility. Through the night and early morning hours, just as during the day, patients get professional care. Above, in the cardiovascular intensive care unit, nurses constantly monitor patients' vital signs.



Health care is a 24-hour concern, and while certain departments can close at night, some are so crucial that they never stop. X-ray is an example; its services are in demand at all hours, often for emergencies. Above, X-ray Technician Justin Ijei works alone all night, but he is never lonely. "They keep you hopping," he says.



The pampered residents of the maternity ward respect no civilized hours. Day or night, when the newborns are hungry or uncomfortable, they let someone know. Their care is a round-the-clock responsibility. Senior Nurse Aide Victoria Robinson gives the infants a last-minute feeding just before bedtime. Most will be noisily awake again by 1 a.m.

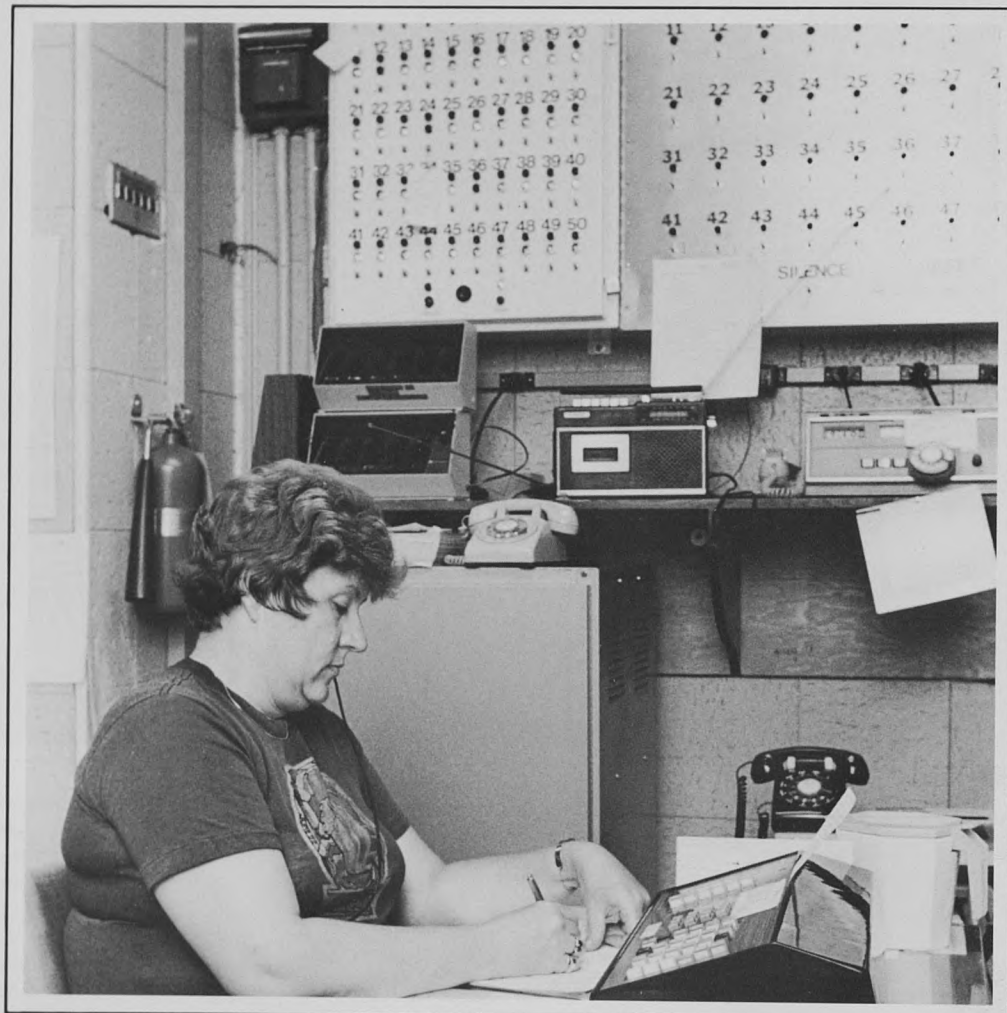


The night lab is another crucial department, handling or routing virtually all incoming tests. Night Lab Assistant Donna Schilling, right, receives blood samples for testing.

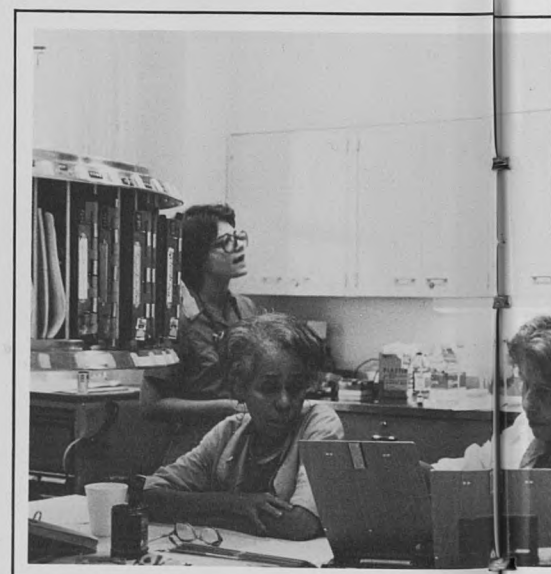
Business continues as usual—while the night takes on a character all its own.

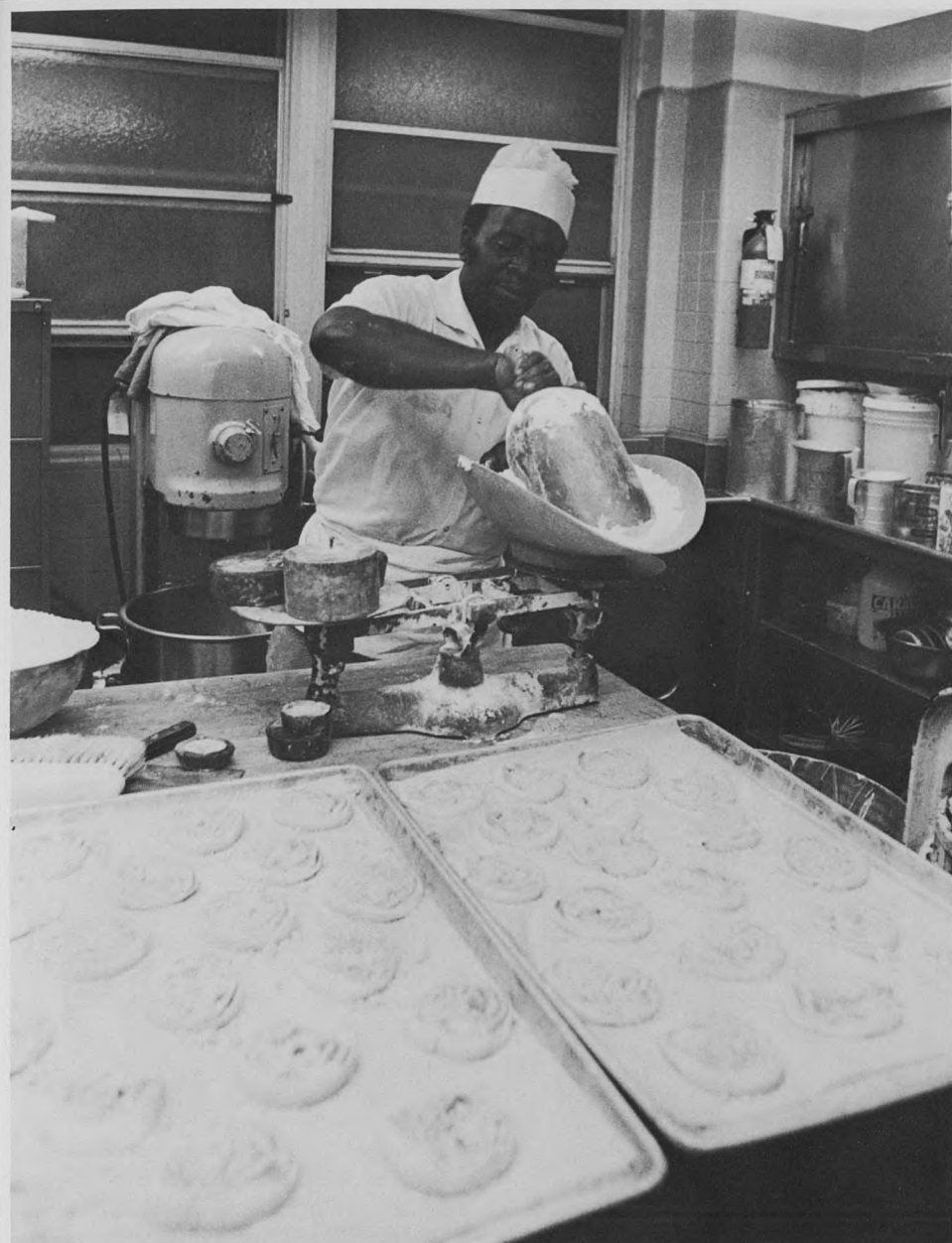


Like a city's fire or police department, the hospital's support systems must always be functional, if at times only dormant. Communications, the hospital's nerve center, is no exception. All incoming phone calls are routed through two switchboards. Wall-mounted hazard lights pinpoint fires and other problems. Television monitors show parking lots and main hallways, and security is just a radio call away. Carolyn Ragsdale has worked nights for two years. "Nights are much more comfortable," she says, "but there is a lot of responsibility because there's no supervisor to fall back on."



When problems arise, evening employees turn to Evening Administrator Jack Kasey. Never far from a telephone, Kasey makes rounds throughout the hospital, acting as a sounding board for employees, 90 percent of whom he knows by name.





The kitchen never sleeps, either. From 9:30 p.m. until 6 a.m., Baker Ervin Booth works to provide the next day's pastries. By the music of late-night jazz radio, he makes about 50-dozen donuts each night, in addition to sweet rolls, pies, breads, coffee cakes and stolens.

Security, an integral part of any large organization, becomes even more crucial at night. Security officers patrol hallways and grounds, maintaining contact by radio. As a standard security force courtesy, Officer Thomas Hicks escorts an employee to her car.



Auxiliary Honors its "Best Bo"

Bo Axelrod smiles in amusement as his wife, Shirley, sings along with the auxiliary members at his going away luncheon.



This summer "Our Best Bo" was honored with a going away luncheon given by the auxiliary to commemorate **Boris "Bo" Axelrod's** 23 years of service as director of food services. Axelrod will retire from hospital employment Oct. 1 to establish his own consulting firm.

The luncheon, which took place at the Whittmore House, was coordinated by Marcia Shapiro (Mrs. Robert), vice president, fund raising; Kathy Kline (Mrs. Richard) and Margie Horowitz (Mrs. Merle), Clover Buffet cochairmen.

Following lunch, the group of women sang songs to Axelrod, specially written by Associates and auxiliary member and lyricist Sue Seasongood (Mrs. Lester), to express the auxiliary's appreciation and sentiments.

Many of the verses—such as this following one—brought chuckles and

amused head shaking from Axelrod and his wife, Shirley.

(Sung to the tune of "Ruben, Ruben, I been thinking")

*"There he stands with arms akimbo.
As the personnel glide by—
Never any sign of trouble
(Under THAT gaze, who would try)."*


Other songs, as the one sung to the tune of "They're Writing Songs of Love," brought undisguised tears to Axelrod's eyes.

*"We've written songs for Bo, but we're so sad.
If we did tease you so, Don't go 'way mad...
Cause we just must insist
How much you will be missed—
We hate to See... You... Go."*

As a going away memento, the auxiliary presented Axelrod—whose achievements on the golf course rival his culinary finesse—a crystal golf ball paper weight.

The hospital presented Axelrod with the

1980 Meritorious Service Award this spring for Axelrod's "consistently high quality mealtime services," said David A. Gee, president. The meritorious award is given to one employee each year at the Service Awards Reception.

The hospital joins the auxiliary in wishing Bo Axelrod good luck and in thanking him for his many years of dedicated service. 

Dr. Greenman Retires as Director of Pediatrics

Marshall Greenman, M.D., has spent over half of his life dealing with screaming babies, formulas, runny noses and childhood chaos. He is a pediatrician, and served as director of pediatrics at Jewish Hospital from 1957 until he retired from this position in 1979.

Dr. Greenman first came to Jewish Hospital in 1948 to begin his medical training. This was, he said, when many Jewish medical students and doctors felt Jewish Hospital was the only place they would be accepted. After his pediatric specialty training at Children's Hospital, he returned to Jewish. "I have been loyal to Jewish Hospital since that time," he said.

Dr. Greenman has seen many changes in the department since he began here. "When I first started as the director of pediatrics, we had a full service. We did the medical pediatrics as well as all the nursery work. Then we decided we ought not to duplicate services at Washington University, but have only the things they couldn't provide. In 1960, we limited the pediatric department from general pediatrics to the nursery. And the nursery has occupied most of our time, except for some consultative work.

"I have gotten a great deal of satisfaction out of being affiliated with the Jewish Hospital," Dr. Greenman continued. "I really have enjoyed doing the type of work that goes on there."


Dr. Greenman has retired from the hospital, but not from pediatrics. He keeps a very busy practice and has served as the medical director of the Jewish Family and Children's Service, the Christian Children's Home, the Jewish Orphan's Home, the Methodist Children's Home, Edgewood Home and the Nursery of the Lutheran Medical Center.

"It isn't just getting along with children



Marshall Greenman, M.D.

that's important, it's the desire to be with them and further their interests," Dr. Greenman said. "You must have a certain amount of empathy and understanding for kids and the problems they go through in order to really devote yourself.

"It's really a very chaotic type of experience with kids—the screaming, the carrying on. It doesn't look much like anything, but it truly does tend to afford a person in this area a tremendous amount of satisfaction." 

Medical Technology Graduation

Sam Frankel, Ph.D., gives the commencement address at the Jewish Hospital School of Medical Technology graduation.



"You graduates of the Jewish Hospital School of Medical Technology are entering into a noble profession—a life of service. All you want to do is help people. It's a good career, it's one that is in demand. It's one that gives you a lot of satisfaction," said Dr. Sam Frankel, associate director and biochemist, Midwest Medical Laboratories, Inc.


John S. Meyer, M.D., offers his congratulations to Darcy D. Greenwald as she comes forward to receive her diploma.



Dr. Frankel gave the commencement address at the graduation program of the Jewish Hospital School of Medical Technology on Thursday, July 3 in the Brown Room. Speaking to the 10 1980 graduates and their families and friends, Dr. Frankel continued:

"For those of you who are graduating and probably going to be working very shortly, I can only say to you that, without any jokes, this is truly a good career. And the more you get into it, after you have been able to pass through the frustrations and all of your swearings, you will probably sit down and find that you pretty much like what you're doing."

John S. Meyer, M.D., medical director, added his own words of encouragement when he presented the graduation certificates to each student. As he called each graduate forward, Dr. Meyer gave a brief history of his or her background and interests and personally wished each of them luck in their work.

The new graduates join the ranks of 104 students who have completed the program since the Jewish Hospital School of Medical Technology opened in 1967. Of that number, 49 have joined the Jewish Hospital staff following graduation. Four out of this year's 10 graduates are continuing their work with the hospital. 

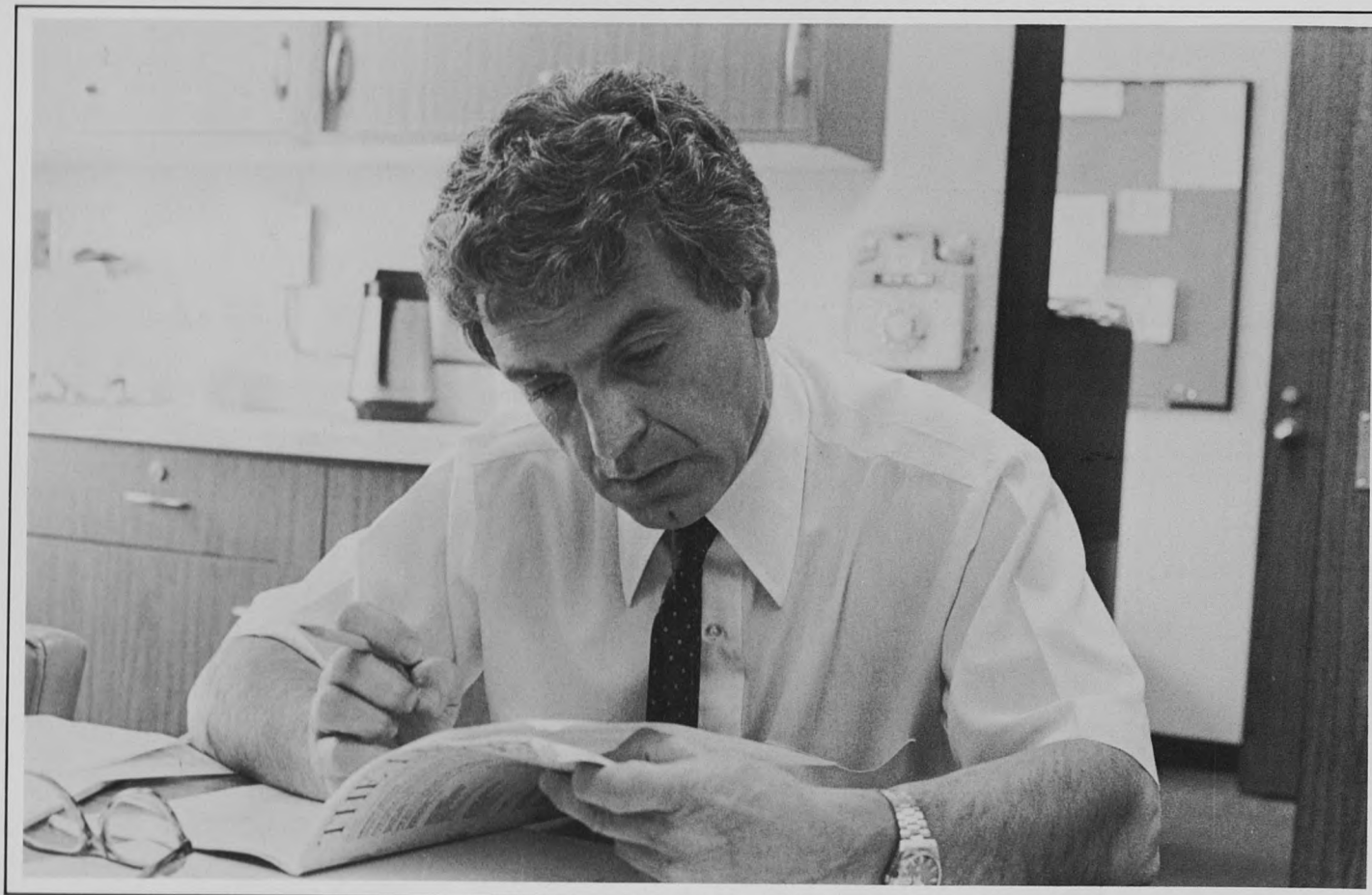


The 1980 graduating class are (from left, back row): Theresa Block; David W. Kindelspire; Leslie A. Rathman; Diana L. Valle; (from left, front row) John F. Moore; Darcy D. Greenwald; Nancy MacPherson; Stella Simpkins; Deborah A. Saputo, and Louis F. Luketich.



Following commencement exercises, the graduates and their families were treated to refreshments in the Brown Room.

Dr. Avioli Receives Distinguished Andre Lichtwitz Prize



Louis V. Avioli, M.D.

Louis V. Avioli, M.D., director of endocrinology at Jewish Hospital, has been awarded the **Andre Lichtwitz Prize**, given by the French government to the "most distinguished, outstanding person who has been researching and publishing in bone and mineral metabolism." This worldwide prize is awarded each year by the French Institute National de la Sante et de la Recherche Medicale, the French equivalent of the U.S. Department of Health and Human Services.

Dr. Avioli traveled to France in June to attend a ceremony given in his honor and to receive the certificate. He then spent two weeks in France as a visiting professor, during which time he gave 10 lectures on endocrinology and bone and mineral metabolism to five medical schools.

The distinguished recipient is the seventh American to be awarded the Andre Lichtwitz Prize since its inception in 1964.

Dr. Avioli also recently was awarded a grant of \$1,052,790 from The National Institutes of Health for research and training in the field of diseases of bone, kidney and hormonal metabolism. Dr. Avioli and his associates in the departments of radiology, pathology, oral biology, gastroenterology, nephrology, medicine and orthopedic surgery have been studying skeletal disorders which afflict post-menopausal women; Paget's disease of bone, and those bone diseases which are associated with diabetes, chronic kidney disease and alcoholic abuse.


Dr. Avioli's Numerous Distinctions

Among Dr. Avioli's other numerous distinctions, he is director of the Division of Bone and Mineral Metabolism of Washington University; a Sydney and Stella Shoenberg Professor of Medicine at The Washington University School of Medicine; the editor of *Calcified Tissue International*, and he has been a visiting professor in

Italy, South Africa, China, Venezuela, Australia, Japan and he is traveling to Brazil in October.

Under Dr. Avioli's directorship, the Division of Bone and Mineral Metabolism has attained worldwide recognition and presently receives more than one million dollars annually in grants for research and training.

Dr. Avioli is an attending physician at Jewish Hospital, Barnes Hospital, St. Louis Children's Hospital and director of the metabolic clinic at the St. Louis Shriner's Hospital for Crippled Children. Dr. Avioli is a member of many professional societies and boards; his 25-page curriculum vitae is filled with appointments and publications too numerous to name.

The Jewish Hospital of St. Louis takes this opportunity to congratulate Dr. Louis V. Avioli for his most recent distinction, the esteemed Andre Lichtwitz Prize. 

Medical Staff Notes

Richard Aach, M.D., has been elected physician-in-chief and professor of medicine, effective this month, at Sinai Hospital of Baltimore, Md., and The Johns Hopkins School of Medicine, respectively. Dr. Aach co-authored an article, "Post-Transfusion Hepatitis: Current Perspectives," with Richard Kahn, which appeared in the April 1980 *Annals of Internal Medicine*. He also traveled to Warsaw, Poland, where he gave a speech on "Transfusion Transmitted Viruses" to the International Symposium on Hepatitis, and where he participated in a panel discussion on "Viral Hepatitis" at the symposium.

Arthur I. Auer, M.D., has co-authored a paper with D. G. Shanik and F. B. Hershey on "Vein Bypass to the Tibial, Peroneal and Dorsalis Pedis Arteries for Limb Ischemia," which appeared in the Nov./Dec. 1980 edition of *Irish J. of Medical Science*. He presented a video tape on "Femoral-Posterior Tibial Bypass Graft" which he produced with F. B. Hershey, J. J. Hurley and H. B. Binnington for the Central Surgical Association. Dr. Auer traveled to Colorado Springs, Colo., recently to attend a Western Surgical Meeting.

Arnold S. Block, M.D., has been elected chair of the MSMA Committee on the Impaired Physician. He will serve until next spring. Dr. Block gave a speech on "The Impaired Physician" to the Washington University Medical Students Medical Society, and he attended a convention of the American Psychiatric Association in San Francisco, Calif. The theme of the convention was "To Love and To Work."

Saul Boyarsky, M.D., has published a paper on "Office Treatment of Male Sexual Dysfunctions" with **Rose Boyarsky** for the *Urologic Clinics of North America Journal*, Vol. 7, No. 1. He traveled to San Francisco, Calif., recently to chair a convention on "Biomedical Engineering Forum" for the American Urological Association. He also traveled to Akron, Ohio, for the 50th anniversary of researching program at Akron City Hospital, where he heard about surgical education from

speaker Robert Zollinger, M.D. At the convention, he spoke on "History and Development of Urodynamics" at the First Walter Keitzer Memorial Lecture. Dr. Boyarsky recently completed a two-year term as first president of the Urodynamics Society, founded by Dr. Boyarsky in 1970.

Edward Campbell, M.D., traveled to Aspen, Colo. this summer to attend a convention of the American Thoracic Society on the topic of "Environment and the Lung." Dr. Campbell co-authored a paper with R. R. White, R. M. Senior, C. Kuhn and R. S. Rodriguez on "Receptor-Mediated Binding and Internalization of Leukocyte Elastase by Alveolar Macrophages in Vitro," which appeared in the *Journal of Clinical Investigation*, Vol. 64. This paper was presented to the American Thoracic Society in Washington, D.C.

Murray Chinsky, M.D., attended the national convention of the Phi Delta Epsilon Medical Fraternity in Washington, D.C. There, he was elected to serve as national vice president of the fraternity for a one-year term.

Sheldon Cohen, M.D., has been appointed assistant professor at the Southern Illinois University School of Dental Medicine, director of East St. Louis Clinic and acting director of the General Practice Residency in Dentistry.

John P. Connors, M.D., presented his paper on "Cardiac Surgery in the Elderly," to the Missouri Chapter of the American College of Surgeons. At the same conference, **Joseph Sandza, M.D.**, presented a paper on "Major Central Injuries"; and **Richard Shaw, M.D.**, discussed "Idiopathic Pulmonary Edema Post Cardio-Pulmonary Bypass" to the American Association of Thoracic Surgeons in San Francisco. Dr. Connors was elected to the American Association of Thoracic Surgery.

William R. Fair, M.D., has been awarded the 1980 Hugh Hampton Young Award by the American Urological Association. The award recognizes "the outstanding contributions of an individual to the study of urinary tract diseases." Dr. Fair's most recent publications include: "The

Treatment of Infection Stones with Penicillin," which he co-authored with R. M. Feit for the *Journal of Urology*; "CT Scanning in Urology" which he co-authored with B. L. McClennan for the *Urology Clinic of North American*, and "Three-Day Treatment of Urinary Tract Infections," which he co-authored with D. B. Crane, L. J. Peterson, C. Dahmer, B. Tague and W. Amos for the *Journal of Urology*.

Alvin Frank, M.D., gave a seminar on "Reconstruction in Psychoanalysis" at the Ottawa Psychoanalytic Institute of Royal Ottawa Hospital in Ottawa, Ontario, Canada.

Jerome J. Gilden, M.D., attended a convention in New York on "Current Surgical Management of Knee Diseases" for the American Academy of Orthopaedic Surgery. He also traveled to the Lake of the Ozarks for a Missouri State Orthopaedic Association annual meeting.

Sidney Goldring, M.D., has been named president-elect of the Society of Neurological Surgeons. He was appointed to the position at the annual meeting held in San Francisco.

John Haddad, M.D., has been appointed director of the Division of Endocrinology at the University of Pennsylvania Medical School in Philadelphia, Pa.

Jack Hartstein, M.D., attended the Wills Eye Conference in Philadelphia and participated in a Symposium on "Extended Wear Contact Lenses," where he also was a faculty member for the Jefferson Medical College Meeting. Dr. Hartstein spoke on the "Dow-Corning, Cooper and Sauflon Extended Wear Lenses for Cataract Patients" at the convention. He also was invited to be a guest speaker at an "Intraocular Lens Implantation Course" held at St. Mary's Hospital in Montreal, Canada.

Aaron Hendin, M.D., attended a convention of the American College of Cardiology where "Recent Advances in Cardiology" were discussed. The convention took place in the Grand Tetons.

James O. Hepner, Ph.D., is the recipient of the American College of Hospital

Administration 1980 Silver Medal Award for work in the field of health service. Dr. Hepner is the editor of the book, *Hospital Administrator—Physician Relationships: Case Studies in Health Administration*, published by C. V. Mosby Co. in June 1980. In addition, Dr. Hepner, as director of the Health Administration and Planning Program, Washington University School of Medicine in St. Louis, has been named to head the federal Health Care Executives Institute. In this honorary position, Dr. Hepner will be responsible for conducting a two-week semi-annual course for selected medical service officers of the Army, Navy, Air Force, Veterans Administration and Public Health Service.

Sidney Kasper, Ph.D., gave a speech on "Working Toward Change in Family Therapy" to the Children's Mental Health Services Council of Mental Health Association at the St. Louis County Health Department.

Marvin E. Levin, M.D., was cochairman with Frank Wheelock, Jr., M.D., of the Harvard Medical School for the "Section on Amputations and Gangrene" of The Diabetes Health Service Conference sponsored by The National Diabetes Advisory Board. He was a visiting professor at the Greater Baltimore Medical Center and was a member of the faculty at the Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland. He also was on the Faculty of the Texas Tech. University Health Service Center, where he spoke on "Peripheral Vascular Disease in Diabetes." In addition, Dr. Levin was a participant at the Eli Lilly Research Laboratories at the Conference on Ambulatory Insulin Infusion Systems. He recently published an article on "Saving the Diabetic Foot," published in the May, 1980 *Medical Times*; and he co-authored with Drs. I. Boniuk, C. B. Anderson and **L. E. Avioli** an article, "Prevention and Treatment of Diabetic Complications," published in the May 1980 issue of *The Archives of Internal Medicine*.

Laurence Levine, M.D., authored a paper on "How I Do It: Closure of Symptomatic Septal Perforation," for *The Laryngoscope*, July 1980. Dr. Levine also gave a speech on "The Patient With ENT Problems" at the Enrichment Session of the American Red Cross Nursing and Health Services. He traveled to Washington, D.C. to attend a convention on Chest

and Airway Medicine and Surgery, sponsored by the American Thoracic Society.

Morton Levy, M.D., has been elected chairman of the Transportation Subcommittee, of the Missouri Division, American Cancer Society.

Ellen Loeffel, M.D., attended an ACOG convention on Ob-Gyn in New Orleans and the Washington University Medical Alumni Meeting.

Charles Mannis, M.D., authored a paper on "Preseason Evaluation of High School Football Players," which he presented to the American College of Sports Medicine in Las Vegas.

Ronald Martin, M.D., has co-authored a paper with W. V. Roberts and P. J. Clayton for the July 1980 *JAMA* on "Psychiatric Status After Hysterectomy." Dr. Martin also gave a speech on the "Social Challenge of the Chronic Patient," at the American Psychiatric Association Annual Meeting in San Francisco.

Seymour Monat, M.D., gave a speech on "Colposcopy" to the Nurses/American Association Ob-Gyn at the Ramada Inn in St. Louis. Dr. Monat has been elected secretary/treasurer for the 1980-81 term of the Missouri State Ob-Gyn Society.

Arthur L. Prensky, M.D., has been elected Emperor of EEG for the Washington University Dept. of Neurology resident staff. Dr. Prensky traveled to New Orleans to attend an American Academy of Neurology convention, where he discussed "Approach to Diagnosis and Treatment of Movement Disorders in Children." He also gave a speech on "Cerebrovascular Disease in Infants and Children" and "Management of Seizures in Children" at St. Mary's Hospital Medical Center in Madison, Wis.; and he spoke on "Headache in Children" and "Recent Developments in the Treatment of Epilepsy," to the Valley Chapter of the Texas Academy of Family Physicians in Brownsville, Tex. Dr. Prensky's most recent papers include: "MSUD: Presentation with Pseudotumor Cerebri and CT Abnormalities," which appeared in *J. Pediatrics* and which he co-authored with J. F. Mantovani, T. P. Naidich, A. L. Prensky, W. E. Dodson and J. D. Williams; and "Steroid Responsive Encephalomyelitis in Childhood" for *Neurology* 30, which he co-authored with J. F. Pasternak, D. C. DeVivo and A. L. Prensky.

Sam Schneider, M.D., who died at the age of 68, should be remembered for his contributions to The Jewish Hospital of St. Louis and to the field of medicine at large. Dr. Schneider did his residency in surgery at Jewish Hospital and then went on to join a group headed by Israel Newmark, M.D. in Southern Illinois. Following World War II, the Schneiders moved back to St. Louis, at which time Dr. Schneider went into private practice general staff and out-patient staff at Jewish Hospital. The concept of the Enterostomal Care Center in the Waldheim Department of Surgery originated with Dr. Schneider and went on to become a joint venture of Jewish Hospital, The American Cancer Society and the St. Louis Ostomy Association. Taking advantage of Dr. Schneider's knowledge and judgement, **Carl Heifetz, M.D.**, during his term as Chief of Surgery, asked Dr. Schneider to be advisor for procurement and maintenance of surgical equipment at Jewish Hospital. Dr. Schneider died after prolonged hospitalization on Aug. 23, 1979, leaving behind his surviving wife, Sylvia, and their two sons, Robert and Arthur. On the anniversary of his death, it is fitting to remember the man who gave so much of himself to allay the suffering of others.

Anthony Schuham, Ph.D., presented his paper on "Informed Consent in the Mental Health Process" to the Midwestern Psychological Association convention, held in St. Louis.

Ben H. Senturia, M.D., was the recipient this year of the prestigious Award of Merit presented each year by the American Otological Society, Inc. This award, presented at the society's meeting held in Palm Beach, Fla., is given for scientific accomplishments that advance otology and performance in the field of basic or applied research or constructive efforts in teaching. It is considered the most prestigious award for otologists. Dr. Senturia has been invited to be the guest of honor of the American Laryngological, Rhinological and Otological Society, Inc., at its meeting in Vancouver in 1981. Recently released is a book entitled *Diseases of the External Ear*, written by Dr. Senturia and Drs. Morris D. Marcus and Frank E. Lucente and published by Grune & Stratton, Inc. The authors presented a copy of the book to the Jewish Hospital Library.

Jerome I. Simon, M.D., died of cancer at the age of 78. A surgeon in St. Louis for 40 years, Dr. Simon was on the staff of Jewish Hospital as well as St. Mary's Health Center, St. John's Mercy Medical Center and St. Louis University Hospitals. Upon retirement from private practice in 1974, Dr. Simon assumed the directorship of the Blue Shield Plan of St. Louis. Dr. Simon was a member of the American Medical Association, the Missouri State Medical Association and the American College of Surgeons. He is survived by his wife, Louise; his stepson, Jerome Simon; stepdaughters, Mrs. William B. Hester and Mrs. William J. Brennan, and 11 grandchildren. A fund has been established for the Sidney I. Rothschild Medical Library in Dr. Simon's name.

Morton Smith, M.D., has been named chairman of the Ophthalmologic Pathology Committee of American Academy of Ophthalmology.

Alex C. Sonnenwirth, Ph.D., received the Becton-Dickinson Lecturer Award of the Clinical Division of the American Society for Microbiology, and presented the award lecture on the "Dilemma of the Clinical Microbiology Laboratory" in the symposium on "Recent Developments in the Laboratory Diagnosis of Enteric Diseases" at the National Meeting of The Society, in Miami, in May. He was also co-author, with **Alice Weissfeld, Ph.D.**, of a paper on "Rapid Detection and Identification of *Bacteroides fragilis* and *B. melanogenicus* by Immunofluorescence," presented at the same meeting. Dr. Sonnenwirth was also the co-author of a paper on "Collaborative Investigation of the AutoMicrobic System Enterobacteriaceae Biochemical Card" which appeared in the June 1980 issue of the *Journal of Clinical Microbiology*. Dr. Sonnenwirth is the senior editor, with Leonard Jarett, M.D. (formerly director of clinical laboratories, Barnes Hospital, now chairman, department of pathology, University of Pennsylvania School of Medicine), of the recently published eighth edition of *Gradwohl's Clinical Laboratory Methods and Diagnosis* (two volumes, 3,500 pages, 108 chapters and 60 co-authors), as well as author of 15 chapters of the same book. This marks the third time in 17 years for Dr. Sonnenwirth's editorship of this widely known work.



David A. Gee, hospital president, poses with Rosalyn Carter at a reception following a planning session for the upcoming White House Conference on Aging, to take place in Washington, D.C. in 1981. Gee will be a participant in the conference.

Elliott A. Wallach, M.D., has been appointed trustee of the National Dermatology Foundation.

James Warren, M.D., co-authored with C. C. Chin, P. Asmor and J. C. Warren a paper on "Synthesis of 2-Bromoacetomidoestrone Methyl Ether and Study of the Steroid-binding Site of Human Placental Estrodiol 17 B-Dahydrogenose" for the April 1980 *Journal of Biological Chemistry*. Dr. Warren gave a talk on "Dysfunctional Uterine Bleeding" and on "Secondary Amenorrhea" in Honduras, C.A.; and he traveled to Denver, Colo., where he attended a research convention of the Society for Gynecological Investigation.

Clarence Weldon, M.D., co-authored a paper with P. N. West, R. E. Clark and J. R. Williamson on "Myocardial Ischemia & Reperfusion: Early Microvascular Injury," which appeared in the *Journal of Thoracic Cardiovascular Surgery*. He traveled to London, England, to attend a convention of the World Congress of Pediatric Cardi-

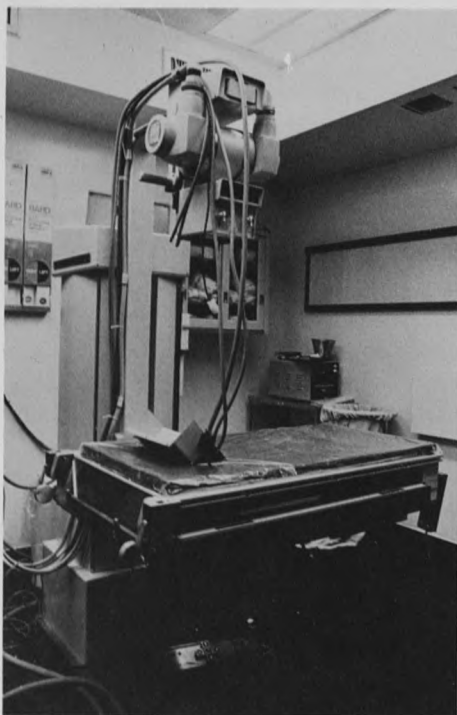
ology. Dr. Weldon is a member of the advisory council for Thoracic Surgeons, a member of the executive committee of the ACS Cardiovascular Comm., and is the vice president of the Thoracic Surgeons Directors Association.

Richard D. Wetzel, Ph.D., has published the following papers this year: "Hopelessness, Depression and Suicide Intent," which he co-authored for *Journal of Clinical Psychiatry* with T. Margulies, R. Davis and E. Karam; "Suicide Risk by Birth Cohort in the United States," in the *Arch. Gen. Psychiatry*, which he co-authored with G. E. Murphy; and "Personality as a Subclinical Expression of the Affective Disorders," which he co-authored with C. R. Cloninger, B. A. Hong and T. Reich for *Comprehensive Psychiatry*.

Mitchell L. Wolf, M.D., gave a speech on "The Role of the VER in Amblyopia Therapy" to the American Association of Orthoptics in St. Louis.

Shopping List Story: New Operating Room Equipment

In a continuing effort to provide high-quality medical services, The Jewish Hospital of St. Louis recently purchased some new operating room equipment: a urology table, arthroscopy equipment and an open-heart surgery monitoring station. This new equipment, for which contributions will be accepted to offset expenses, will help maintain the operating rooms' efficiency and high standards of health care.



Urology table (nearing end of installation, late July).

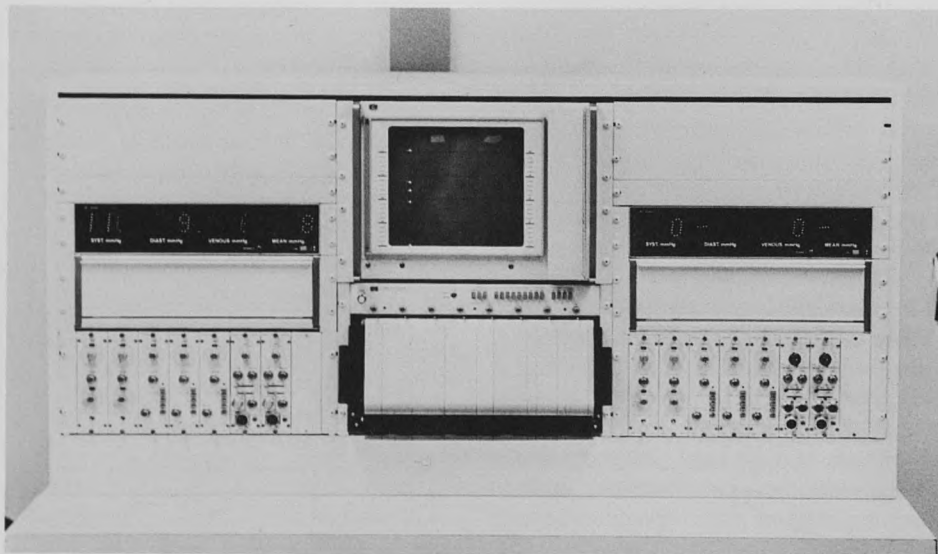
Urology table: A \$75,000 urology table with its own X-ray unit and X-ray generator is making urological procedures easier and more precise. Previously, urologists shared a generator with the X-ray department, sometimes causing critical delays.



Dr. Jordan H. Ginsburg peers through the arthroscope during a recent knee surgery.

Arthroscopy equipment: The hospital has also added \$30,000 in arthroscopy

equipment. An arthroscope looks surprisingly like a meat thermometer, but the similarity ends there. The basic device is an obturator, a small metal tube with a tiny wide-angle lens and light source on one end, a viewpiece on the other. It is especially useful for diagnosing knee problems; a surgeon makes a small incision, inserts the obturator and manipulates it around the knee while looking through the viewpiece. Most hospitals routinely use the device for diagnosis, but Jewish Hospital is one of the first in St. Louis to use it as a surgical tool as well. Several new attachments now allow some surgeries to be performed at the time of diagnosis. One contains a tiny television camera so that procedures can be seen on operating room monitors and recorded for teaching or later viewing.



Open-heart surgery monitoring station.

Open-heart monitors: The hospital's \$80,000 renovation of its two adjoining open-heart surgery operating rooms includes a new central monitoring station.

Previously, when both rooms were in use, one was assigned a portable monitor. Now patients' vital signs in both rooms are monitored from a central console.

The Shopping List



Gifts to Jewish Hospital, whether large or small, are very much appreciated because they aid the hospital in maintaining the highest standards of health care.

The Shopping List is a special feature listing particular items and their approximate costs for which various hospital departments have indicated a need.

This list is published to give the community an idea of the many different pieces of equipment every department requires to function efficiently, and also to allow prospective donors to choose a specific gift if they so desire.

Remember, your generosity might help save a life. A contribution used toward the purchase of a fetal heart monitor, for example, might mean it is more readily available when an emergency situation arises in the labor room. The early warning of any problems during labor that it provides might mean the difference between life and death for a newborn infant.

For more information on *The Shopping List*, contact the development office, at 454-7251.

School of Nursing

Wheelchairs.....	each \$450
Unit Dose Carts	10 needed/each 650
Flotation Pads.....	each 300
Self-Propelled Stretcher.....	450

Pulmonary Rehabilitation

Stationary Treadmill.....	300
---------------------------	-----

Operating Room

Life Pack With Defibrillator and Cart	7,000
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Central Supply

Hyperthermal Blanket.....	1,200
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Psychology

Video Recorder and TV.....	1,280
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Cardiac Catheterization Lab

Lex O ₂ Counter	6,000
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Labor Room

Infusion Pumps With Alarm	each 300
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MICU

Non-Invasive Adult/Pediatric Blood Pressure and Heart Rate Monitor...	3,000
---	-------

Surgery Urology

Nephroscope	3,900
Nephroscope With Attachments.....	6,000



Contributions To Jewish Hospital Funds

City of St. Louis Mayor James Conway and St. Louis County Supervisor Gene McNary proclaimed the week of April 20-27 "Hospital Schools of Nursing Week." Susan Graves, director of the Jewish Hospital School of Nursing (left), and Karen Jefferson, a first-level student nurse (right), attended the proclamation signing sessions with McNary (center) and Conway.



Generous Contributions

Mrs. Joseph Abrams, Mr. and Mrs. Bruce Abrams and Mr. and Mrs. Robert Abrams have made a contribution to establish the Joseph Abrams Memorial Fund for Heart Research.

Mrs. Eugene A. Freund and Mr. and Mrs. Whitney R. Harris have made a contribution to the Eugene A. Freund Renal Research Fund in honor of Mrs. Freund's 85th birthday, the 50th wedding anniversary of Mr. and Mrs. Isadore Millstone and Mr. and Mrs. William Shamski and the 90th birthday of Mrs. Oscar E. Buder.

Mr. and Mrs. Harvey A. Friedman have made a contribution to establish the Dorismae and Harvey A. Friedman Department of Aging Fund.

The Clifford Willard Gaylord Foundation has made a contribution to the Hospital's Building Fund.

Mr. and Mrs. Alvin Goldfarb have made a contribution to establish the Alvin and Jeanette Goldfarb Fund for the Department of Medicine.

The Gustav Harris Trust has made a contribution to the Gustav and Jean F. Harris Research Fund.

The Mary Ranken Jordan and Ettie A. Jordan Charitable Foundation has made a contribution to the Jordan Charitable Foundation Fund.

The estate of **Bertha Spitzer** has made a contribution to the Hospital's Building Fund.

In honor of the 50th Anniversary of **Mr. and Mrs. Millard Waldheim** their many friends and relatives have generously donated two Preston Electric Treatment Tables to the Hospital for use in the Department of Rehabilitation Medicine.



Special Gifts In Memory Of Joseph Abrams

Dr. Bernard Friedman
Milton E. Kravitz

Morton J. May
Diana Rosen

Sam C. Sachs

Mr. and Mrs. Claude Abrams & Family
(Joseph Abrams Memorial Fund for Heart Research)
(Tribute Fund)

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Fund)

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Special Gifts In Honor Of

Special Birthday of Melvin Hilb

Forthcoming marriage of

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Speedy Recovery of

Mrs. Hubert Moog

Special Birthday of

Mrs. Joseph F. Ruwitch

Barbara Burner, CRNA

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Exercise bicycle

Nurses Scholarship Fund

Claire E. & Lionel Kalish, Jr. Research Fund (Tribute Fund)

Tribute Fund

Department of Medicine Discretionary Fund
Director's Fund and dictating equipment for School of Nursing

Equipment

Exercise bicycle

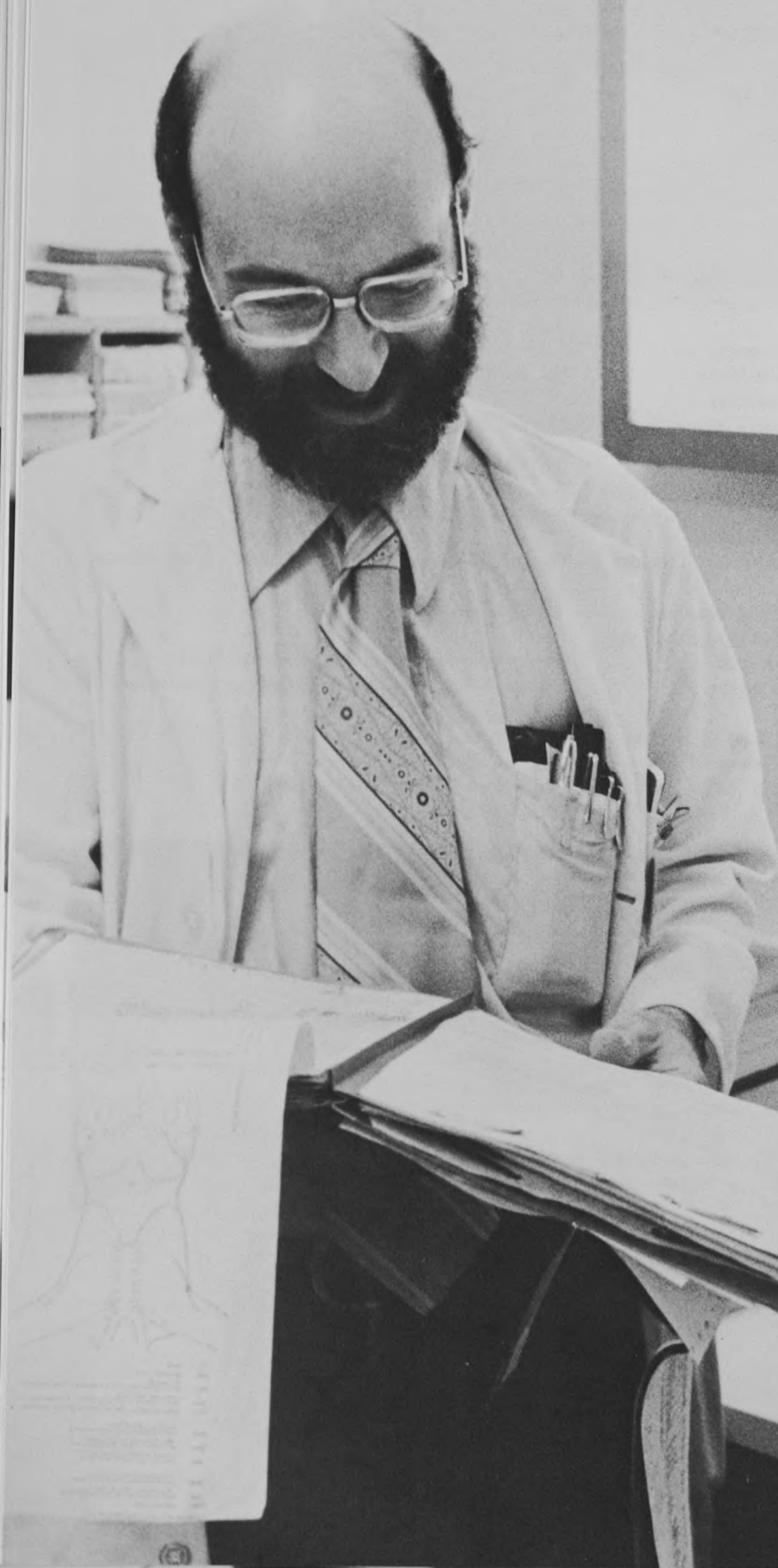
Nurses Scholarship Fund

Exercise bicycle

Special Gifts Donations

On May 27, Jerry Dean Willis gave birth to a 12-pound, 1-ounce baby boy. Babies usually don't weigh that much until they're four to six months old, and Mrs. Willis had expected twins or triplets. Sammie, the boy's father, weighs almost 240 pounds, so it looks like it runs in the family.

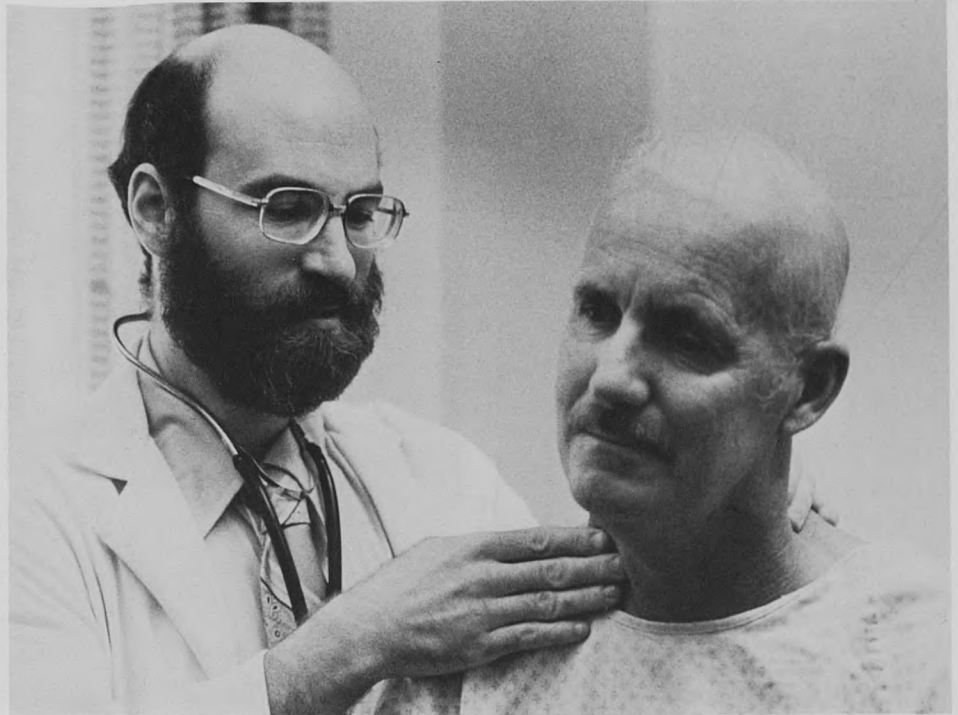




Oncology Section Making Advances in Cancer Care

By David Baygents

During oncology clinics, Dr. Wolin's consultations often include routine examinations, where he checks for tumor growth or remission.



Ever since medical science began to understand the dynamics and manifestations of cancer, researchers and physicians have sought to develop new treatments while providing compassionate, effective patient care. The Jewish Hospital of St. Louis is doing both.

Jewish Hospital researchers are engaged in several kinds of cancer studies, but the Oncology Section of the Hematology/Oncology Division is involved in clinical activities directly related to improved cancer treatment. Oncology Section Director **Edward M. Wolin, M.D.**, and his staff are working closely with laboratory researchers; as advances occur in the laboratory, they are applied to new and improved methods of patient care within the hospital.

Dr. Wolin, 31, a Yale University School of Medicine graduate, received post-graduate training in medical oncology at

Stanford. He became director of Jewish Hospital's oncology program in July 1979 and recruited an entirely new staff. As a medical oncologist, Dr. Wolin is a cancer specialist. Using chemotherapy (treating cancer with oral or intravenous drugs), he seeks to develop new treatment programs using both conventional and experimental drugs.

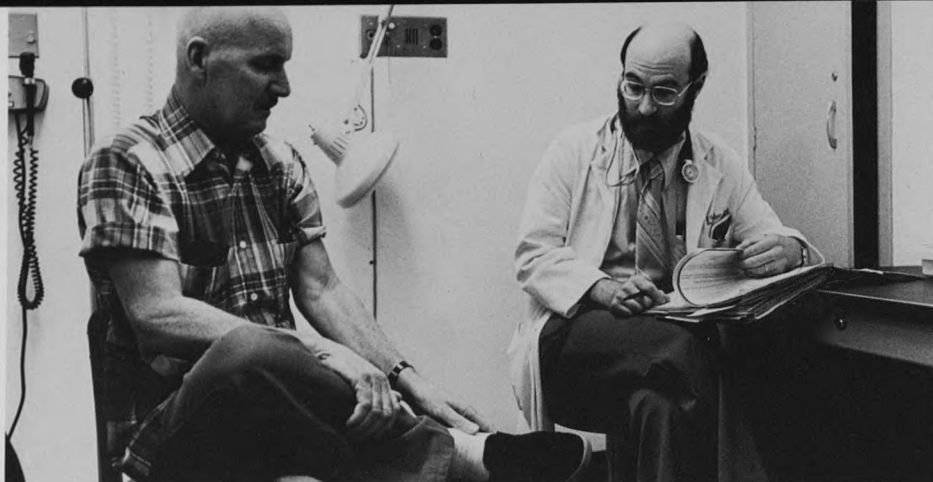
"I develop new ways of using drugs," Dr. Wolin explains. "I figure out how they should be used, how often they should be given, what the dose should be, how they should be combined with other drugs. And if a new concept is discovered in the laboratory that might be applicable to chemotherapy, I'll develop a way to use it in conjunction with existing treatment programs or develop a program based on the new concept."

When a new drug appears promising for combating cancer, Dr. Wolin often collab-

Dr. Wolin sometimes consults with other physicians and oncology nurses about patients' progress before they arrive at the clinic. Here Dr. Wolin discusses a treatment strategy with Oncology Clinical Nurse Specialist Sandy Siehl in the Clinical Practice Suite office.

Cancer Care

Clinic patients are not restricted to St. Louis. Herschel McIntyre, of Flat River, Mo., is periodically driven into the city by his wife. He encountered walking difficulties as a result of his cancer and recounts them to Dr. Wolin at a recent clinic session.



orates with laboratory researchers in designing animal test programs. The results are used as they become available in treating human cancers.

Laboratory developments Dr. Wolin considers applicable to Jewish Hospital cancer patients are integrated into formal research protocols, listing such specifics as dosage schedules, expected benefits and objectives. Patients must give their informed consent, having the drugs, programs and options explained to them before treatments begin. The hospital's patient experimentation committee evaluates protocols for ethical design, safety and effects.

Participation in new treatment programs is not just a last-ditch effort. Some patients have just been diagnosed or are undergoing their first cancer treatments. Most are outpatients. All may withdraw at any time.

Research Group Member

Wolin's research efforts are enhanced by Jewish Hospital's membership in the Southeastern Cancer Study Group

"For almost every type of cancer we have available new things right on the frontiers of medical oncology."

(SECSG), which comprises 23 Eastern U.S. universities working to develop improved cancer treatment. SECSG membership allows Dr. Wolin to participate in and share information on all current SECSG protocols.

"That gives our patients here at Jewish Hospital the very latest in available treatments, not only the ones we're personally investigating here, but the ones that people are investigating at other hospitals and universities as well. For almost every type of cancer we have available new things



The oncology section holds staff meetings after Thursday clinics to discuss patients and their progress. From left: Dr. Salomon Asmar; Resident Donna Reece, M.D.; Sue Hoffman, R.N.; Intern Ellen Binder, M.D.; Dr. Raj Rani Bhasin, and Sandy Siehl, R.N.

right on the frontiers of medical oncology, in addition to any kind of standard treatment programs."

With SECSG, basically a cancer research cooperative, effectiveness of new treatment is established quickly and clearly, so advances in cancer care come much faster than if researchers worked alone, without collaboration. Besides, few hospitals could treat enough patients with many cancers to validly assess a treatment's value. With SECSG, though, researchers throughout the Southeast can participate in a treatment protocol—on a certain

breast cancer, for example—and provide a statistically sufficient patient sample.

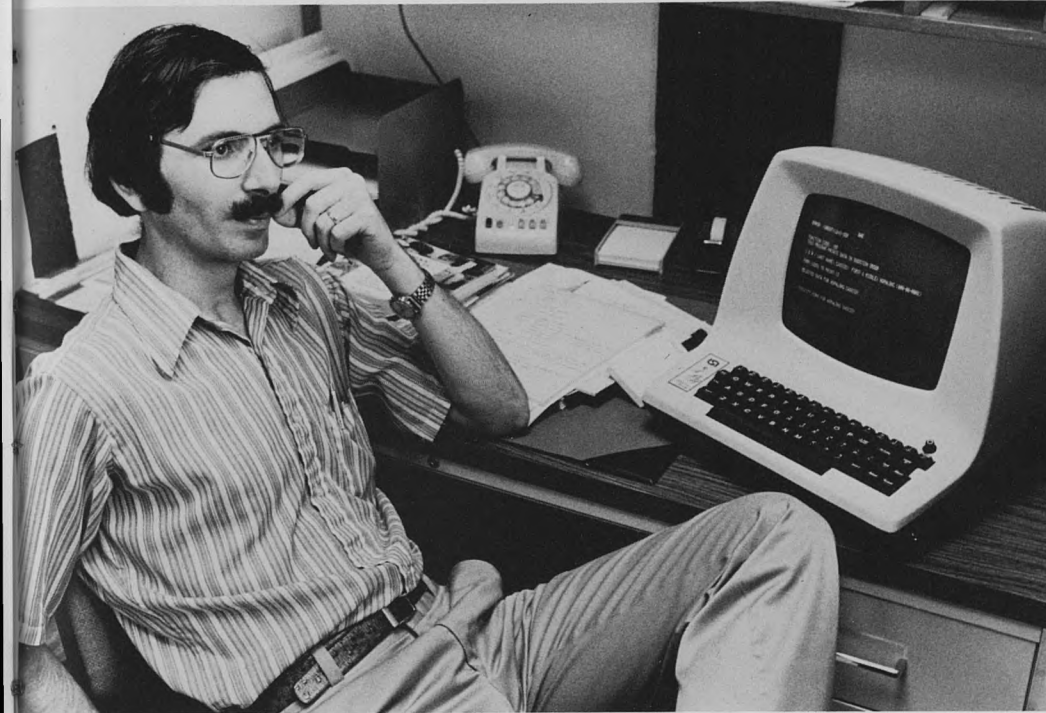
Dr. Wolin, the Washington University Medical Center's coprincipal investigator for SECSG, is engaged in several promising chemotherapy studies designed to make cancer drugs more effective and reduce their side effects.

Lithium Carbonate Explored

Three studies involve lithium carbonate, more commonly used to treat manic-depressives. Chemotherapy, while effective against a variety of cancers, often produces severe side effects. A common one is a lowered white blood cell count, which leaves patients vulnerable to dangerous infections, limiting the dose of anti-cancer drugs that can be safely used. Lithium carbonate, conversely, increases the white blood cell count, and Wolin is exploring its use in making chemotherapy patients less

Besides the rigorous, objective, scientific regimen, the computers and cold statistics, the oncology section also addresses the human side of cancer.

Biostatistician Ken Schechtman, Ph.D.



susceptible to infection. It may also allow higher doses of anti-cancer drugs.

Dr. Wolin also is experimenting with lithium carbonate in cancers where the white count is already dangerously low from other causes, allowing him to administer anti-cancer drugs to patients whose counts would otherwise be too low for chemotherapy, particularly in some lymphomas.

Adriamycin is under study, too. An extremely effective drug, Adriamycin has a severe side effect: it damages the heart in high doses or prolonged use. Dr. Wolin has developed a program using special chemicals that appear to protect the hearts of animals given large doses of Adriamycin. The medical center is also the site of one of the few national studies of DHAD (Dihydroxyanthracenedione), a new drug similar to Adriamycin, but which appears not to cause heart damage.

Severe nausea and vomiting is another of chemotherapy's common side effects. With Stanford University's Drs. Saul Rosenberg and Henry Kaplan, Dr. Wolin has helped develop PAVE, a new chemotherapy program that elicits almost none of the vomiting and nausea associated with MOPP, a conventional chemotherapy program often used in treating Hodgkin's disease.

New Research Planned

In the next several years, Dr. Wolin expects to direct a major research effort toward the study of immunotherapy, the use of the body's own defense system to fight off cancer cells. In cancers of the kidney, head and neck, and breast, Wolin and his staff are developing new combinations of anti-cancer drugs that they expect will prove more effective than any drug now used alone.

Besides Dr. Wolin, five other staff

Medical Oncology Secretary Jinnie Ratka



members contribute to the oncology section's efforts. **Raj Rani Bhasin, M.D.**, an instructor of medicine in the oncology section, works closely with Dr. Wolin in patient care and in the development of new research programs. Biostatistician **Kenneth Schechtman, Ph.D.**, assists in the Oncology Computer System. **Oncology Nurse Sue Hoffmann, R.N.**, acts as data manager, supervising the collection of research data for all patients participating in research programs, and she answers the questions of patients and medical team members about research programs available for cancer treatment. **Medical Oncology Secretary Jinny Ratka** meets the secretarial needs of the section and maintains a patient chart and research protocol library.

Personal Cancer Care

Besides the rigorous, objective, scientific regimen, the strict adherence to treatment

Sandy Siehl's clinic consultations are always serious, but rarely somber. Patients discuss anything from their diets to major-league baseball.

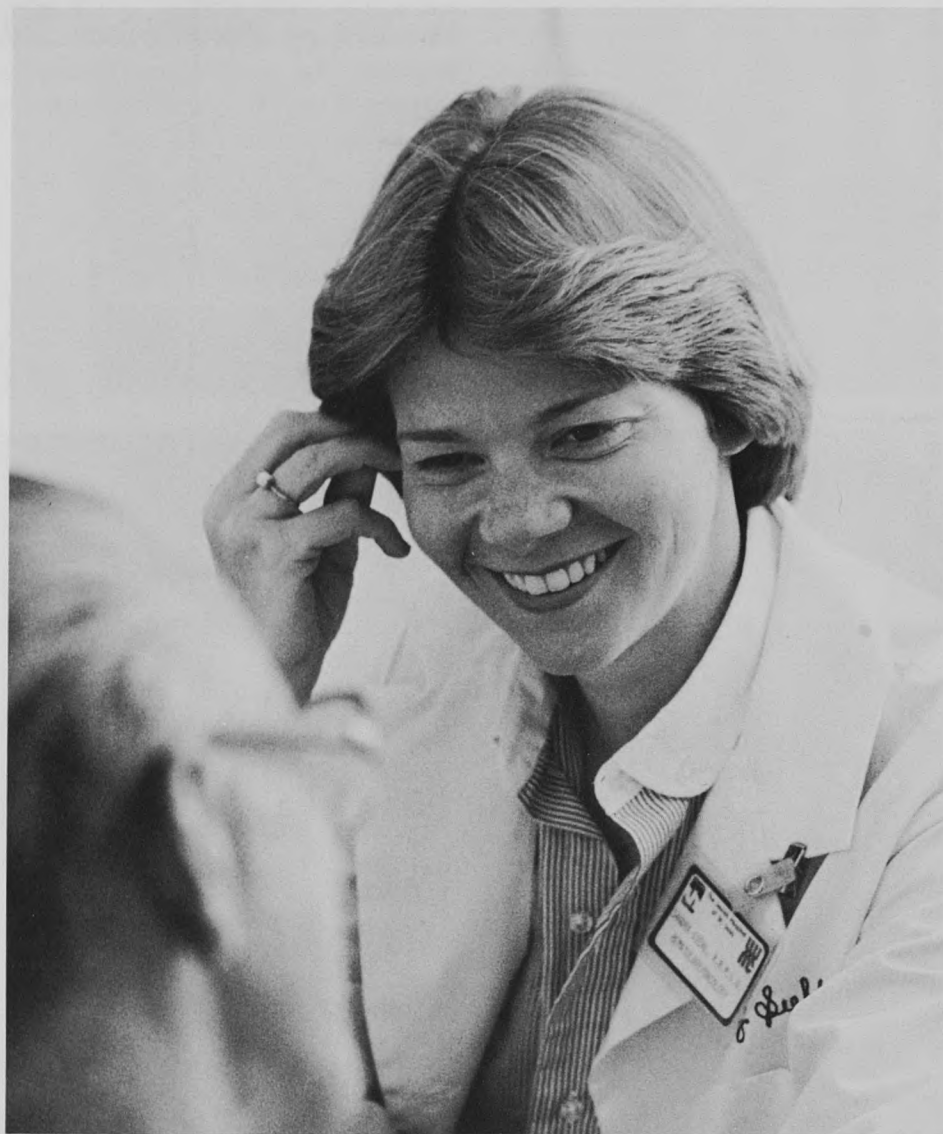
protocols, the computers and cold statistics, the oncology section also addresses the human side of cancer. Dr. Wolin stays in close contact with his many cancer patients who benefit from his treatment programs and clinical experience. He makes rounds on all of his hospitalized patients and sees outpatients twice weekly in the Clinical Practice Suite. As a member of the internal medicine staff, Dr. Wolin acts as a consultant for other physicians on matters of cancer patient management. He also works closely with the department of surgery and radiation therapy.

But there are some patient needs that a physician cannot meet alone. Sandy Siehl, one of only two master's degree-prepared oncology clinical nurse specialists in St. Louis, assists Dr. Wolin in the day-to-day care of cancer patients. She maintains close contact with patients, families, social workers, dietitians and home health care personnel. She assists in research protocols and patient teaching regarding the physical and psychological aspects of cancer and cancer treatment. Most importantly, though, Ms. Siehl is concerned with patient care and support, providing the extra emotional and other support cancer patients and their families need. She helps patients live with the cancer and the treatment.

An Emphasis on Caring

"Communicating care," Ms. Siehl says, is what her job is all about. "We all try to communicate the idea that 'We care about you and we will help you.' To me, communicating that special sensitivity is essential in patient-nurse interactions. It is central to all we do. I approach patients from the standpoint of wanting to get to know them as best I can. It provides the genuine, personal care that we like to give."

Her role is demanding. She must possess a special, natural combination of qualities: compassion, understanding, patience and endurance—essential attributes for the




trying and often tragic ordeal of cancer. And though such ordeals can bring emotional moments, Ms. Siehl refuses to conceal her feelings. "I'm not going to repress my caring for another person. What would we have someone else do if we were in a similar situation?"

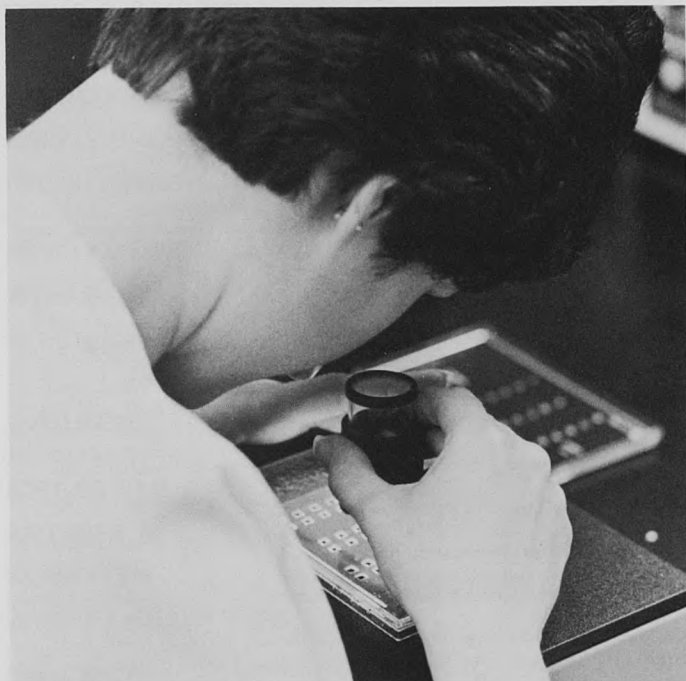
Ms. Siehl is open and accessible. Patients, when distraught, sometimes call her at home. She does not mind. "It's important for them to know that there is someone," she explains. Late one night a young girl experiencing the nausea of chemotherapy and other complications refused to enter the emergency room without Ms. Siehl

"I'm not going to repress my caring for another person. What would we have someone else do for us if we were in a similar situation?"

and phoned her. Ms. Siehl drove to the hospital in the early morning and stayed with the girl in the emergency room. Her explanation: "The idea is the familiarity."

Such a job understandably takes its toll. A frustrating mix of hope and despair, reward and punishment, cancer nursing seems an unlikely career choice, but Ms. Siehl keeps a positive perspective of cancer care. "It's draining, but it's not depressing. We maintain hopeful attitudes." Echoing the perseverance and dedication of Dr. Wolin and the entire medical oncology section, Ms. Siehl adds: "I think there is always something we can do for our patients. It may not be what we hope for, but there is always something." 

The Tribute Fund



Contributions received are used for research, appliances for patients in need, new equipment and other projects sponsored by The Jewish Hospital Auxiliary.

Donations to this fund may be made by sending checks payable to The Jewish Hospital Tribute Fund, c/o Mrs. Claude Abrams or Mrs. Hyman Goldstein, 216 South Kingshighway, P. O. Box 14109, St. Louis, Missouri 63178.

When a tribute is made, both the sender and the recipient receive an acknowledgement of the donation.

The following memorial and honorial contributions were received from May 12, 1980 through August 1, 1980. Any contributions received after August 1, 1980 will be listed in the next 216.

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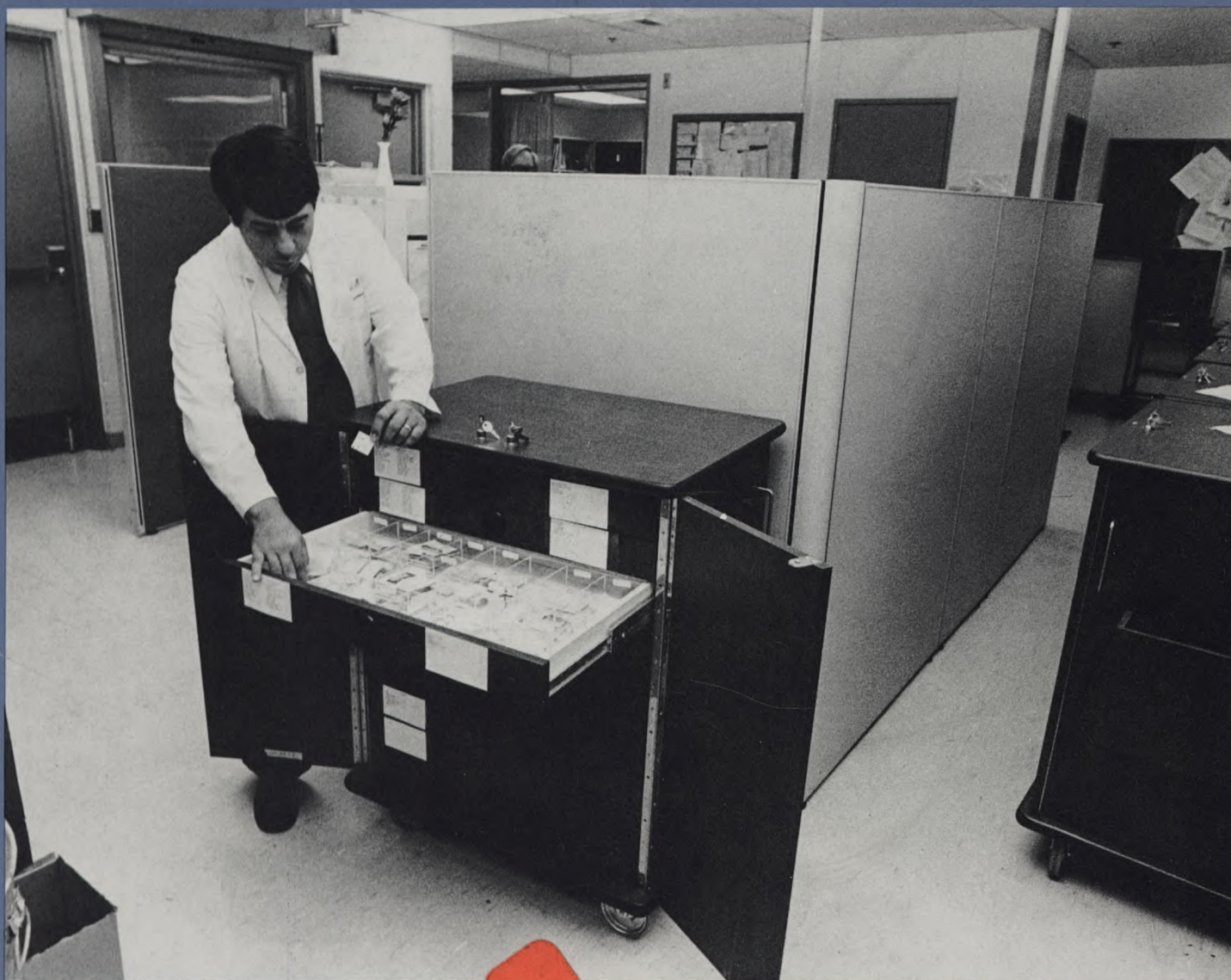
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The office is somewhat difficult to find, but worth the effort if you are a Jewish Hospital physician or anyone else looking for high-quality design, illustration and photographic services.

Inside their basement office at extension 8670, hidden next to electron microscopy, are Roberta Rich and Deborah Moellering, the hospital's medical illustration staff. Together they produce illustrations, including charts, graphs, diagrams, and anatomical drawings; graphics, like logo designs, letterheads and visual aids; and photography, turning out a variety of slides, prints and passport photos. In short, they do almost anything.

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The pharmacy substation and Pills on Wheels ("P.O.W.") concept, which was designed and coordinated by Joel A. Oliver, Pharm D., director of pharmacy services, previously implemented at the hospital. The "P.O.W. carts" are stocked with the most widely used drugs contained in the hospital's formulary.



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